

Leroy Beavers

From: Dan Halden <daniel.halden@lacity.org>
Sent: Tuesday, February 20, 2018 10:22 AM
To: Paul [REDACTED]
Cc: [REDACTED]
Subject: Re: Incident Report 2/18/18

Hi Paul,

Sorry to hear this happened. I'm CCing Lt. Ling, Sgt. Wank, and Senior Lead Officer Thompson to this email to make them aware of your suggestions. I assume they are aware of the incident already since LAPD responded.

Gentlemen - please see below.

Thanks,



Dan Halden
Hollywood Field Deputy
Office of Councilmember Mitch O'Farrell, 13th District
1722 Sunset Boulevard, Los Angeles, CA 90026
(213) 207-3015 | daniel.halden@lacity.org | www.cd13.com

Find the Councilmember on:

On Sun, Feb 18, 2018 at 1:05 PM, Paul [REDACTED] wrote:
Dan/Marisol and stakeholders:

Per our prior conversations about CD Guys and intimidating tourists...
Please note today around noon, a CD hustler was so aggressive with an Asian woman tourist that she screamed, fought him and then made a citizen's arrest by herself until the LAPD arrived.

Every day the sidewalk is more out of hand and bad for everyone's business and building's value.

Orange to Highland is the most highly traveled block in Hollywood.
We all simply can not afford to wait 6-18 more months for City ordinances, etc.

The simple answers within our control are to:

1. Park LAPD Police cars near both the Subway and in front of Graumans.
2. Redeploy two (2) BID and/or LAPD Officers to patrol the North WOF sidewalk only between Orange and Highland

from 9am-midnight daily.

3. We are still open to help finance and build an air conditioned Police Kiosk with cameras for these Officers.

Thank you,

Paul

Leroy Beavers

From: Lorin [REDACTED]
Sent: Wednesday, February 14, 2018 1:36 PM
To: [REDACTED]
Cc:
Subject: *UPDATE - Court hearing delayed until March

HPOA Board,

We received notice that Judge Chalfant is still out sick and will be tomorrow so, tomorrow's hearing has been postponed until March.

We will provide an update tomorrow during closed session.

Lorin

From: Kerry [REDACTED]
Sent: Tuesday, February 13, 2018 11:12 AM

[REDACTED]

Subject: RE: Court hearing delayed till THURSDAY ***

My apologies.
Thurs Feb 15.
Kerry

KERRY [REDACTED]
Executive Director

[REDACTED]

From: Kerry [REDACTED]
Sent: Tuesday, February 13, 2018 11:11 AM
To: [REDACTED]

Subject: Court hearing delayed till Friday

Greetings HPOA Board,
Wanted to let you know that we got word this morning that Judge Chalfant is ill; and after conferring with all involved attorneys, they have rescheduled our hearing to Thursday Feb 15 at 9:30 a.m. It is in Department 85 at Stanley Mosk court house.

Not sure if anyone was planning to attend today, but wanted to get this out to you. Preliminary ruling has not been issued yet.

So, we will have an opportunity to bring you current during Closed Session at the board meeting on Thursday.

Kerry

KERRY [REDACTED]
Executive Director

[REDACTED]

Leroy Beavers

From: Brian [REDACTED]
Sent: Tuesday, February 13, 2018 12:07 PM
To: [REDACTED]

Cc: [REDACTED]
Subject: RE: Agenda for Wednesday Security Committee Meeting

Hi Joe,

Thanks for the reminder.

I will plan to attend the meeting.

Brian.

Brian [REDACTED]

From: Joseph [REDACTED]
Sent: Monday, February 12, 2018 4:46 PM
To: [REDACTED]

Subject: Agenda for Wednesday Security Committee Meeting

Good Afternoon,

Please find attached the meeting agenda for the Wednesday's Joint BID Security Committee Meeting. Please RSVP to: [REDACTED] and let us know if you will or will not be in attendance. Thank you!

JOSEPH [REDACTED]
Associate Executive Director

Leroy Beavers

From: Kerry [REDACTED]
Sent: Tuesday, February 13, 2018 11:12 AM
To: [REDACTED]
Cc:
Subject: RE: Court hearing delayed till THURSDAY ***

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KERRY [REDACTED]
Executive Director

From: Kerry [REDACTED]
Sent: Tuesday, February 13, 2018 11:11 AM
To: [REDACTED]

Cc: [REDACTED]
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Not sure if anyone was planning to attend today, but wanted to get this out to you. Preliminary ruling has not been issued yet.

So, we will have an opportunity to bring you current during Closed Session at the board meeting on Thursday.

Kerry

KERRY [REDACTED]

Executive Director

[REDACTED]

Leroy Beavers

From: Joseph [REDACTED]
Sent: Monday, February 12, 2018 4:46 PM
To: [REDACTED]

Cc:
Subject: Agenda for Wednesday Security Committee Meeting
Attachments: February 2018.pdf

Good Afternoon,

Please find attached the meeting agenda for the Wednesday's Joint BID Security Committee Meeting. Please RSVP to: [REDACTED] and let [REDACTED] be in attendance. Thank you!

JOSEPH [REDACTED]
Associate Executive Director

[REDACTED]

Agenda
Sunset-Vine BID and Hollywood Entertainment District
Joint Security Committee
Wednesday, February 14, 2018
10:00 a.m. to 11:30 a.m.
LOCATION: HPOA/CHC Staff Office
6562 Hollywood Blvd

HED Committee Members: [REDACTED]

SVBID Committee Members: [REDACTED]

Advisory Members: [REDACTED]

- I. Call to Order
- II. Public Comment
- III. Meeting notes
 - January 10, 2018
- IV. Reports
 - A. Staff report
 - a. Homeless update
 - i. Hollywood shelter search
 - ii. Collaborative outreach strategy
 - iii. Hollywood CENTCOM Update
 - b. "Good Neighbor" Trash Program Update
 - c. City Attorney Townhall Debrief
 - B. Report from Andrews International
 - C. Partner reports - trends and observations
 1. LAPD
 2. Neighborhood Prosecutor
- V. New Business
- VI. Adjourn

As a covered entity under Title II of the Americans with Disabilities Act, organizations that contract with the City of Los Angeles do not discriminate on the basis of disability and upon request will provide reasonable accommodation to ensure equal access to its programs, services, and activities. Sign language interpreters, assisted listening devices, or other auxiliary aids and/or services may be provided upon request. To ensure availability of services, please make your request at least 3 business days (72-hours) prior to the meeting by contacting the office of the Hollywood Property Owners Alliance at 323-463-6767.

Leroy Beavers

From: Lorin [REDACTED]
Sent: Monday, February 12, 2018 4:16 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Meeting Announcement - HPOA Board Meeting Thursday, February 15th, 2018 4:00 to 6:00 p.m.
Attachments: February 2018 .pdf; 1-18-18.pdf

Greetings HPOA Board,

Please find attached the agenda for the HPOA Board Meeting on Thursday, February 15th – 4:00 to 6:00 p.m. at our office: 6562 Hollywood Blvd.

- Attached are the January 18th minutes for your review.

In order to ensure quorum (minimum needed is 8), please reply directly to me with your attendance.

Attending

Joseph
Michael
David T.
Monica
Tony

Please confirm

Leslie
David G.
Julie
Brian
Chad
Frank
Mark
Larry
Katie

Unable to attend

Evan

Thank you!

LORIN [REDACTED]
Office Manager

HOLLYWOOD PROPERTY OWNERS ALLIANCE
BOARD OF DIRECTORS
Agenda
February 15, 2018
4 p.m. to 6 p.m.
6562 Hollywood Blvd.

- I. 4:00 p.m. CALL TO ORDER – Chad [REDACTED] President
- II. OPEN FORUM & INTRODUCTIONS
- III. 4:15 APPROVAL OF THE MINUTES
 - **Action:** January 18, 2018
- IV. 4:20 p.m. TREASURERS REPORT – Brian [REDACTED]
 - A. **Action:** Review/approve financial statement for December 31, 2017
 - B. **Action:** Review/approve financial statement for January 31, 2018
- V. 4:30 p.m. COMMITTEE/ACTIVITY REPORTS
 - A. Ad-hoc BID Renewal Committee -- Mariani
 - 1. Draft MDP and ER Update
 - 2. Ad-hoc Governance Committee -- Morrison
 - a. Report on bylaws changes proposed
 - b. Timeline for Board merger
 - B. Nominating Committee – Frank [REDACTED]
 - 1. **Action:** Nominate David [REDACTED] to complete the term vacated by Galo [REDACTED] with a term expiring November, 2018
 - C. Security Committee Report – Kerry [REDACTED]
 - 1. Homeless Initiatives Update
 - D. Streetscape and Beautification – Jeff Loeb and Rich Sarian
 - 1. Update on Good Neighbor Trash Bag program
 - a. **Action:** Authorize staff to proceed with city's plan to institute a Good Neighbor trash bag system subject to clearly marked bags placed adjacent to BID receptacles and taken to city facility for disposal.
 - E. Marketing and Communications – Devin Strecker
 - 1. Locals Night Out Valentines Bar Crawl – February 14th
 - 2. Comedy & Cocktails – April 1-7
- VI. 5:30 p.m. CLOSED SESSION

A. Conference with Legal Counsel; Existing Litigation
(Gov. Code § 54956.9(d)(1))

The Board finds, based on advice from legal counsel, that discussion in open session will prejudice the position of the agency in the litigation.



VII. 5:50 p.m. Report from Closed Session

VIII. 5:55 p.m. NEW BUSINESS

IX. STAFF REPORT
A. Staffing changes

X. 6:00 ADJOURN

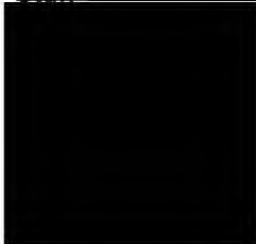
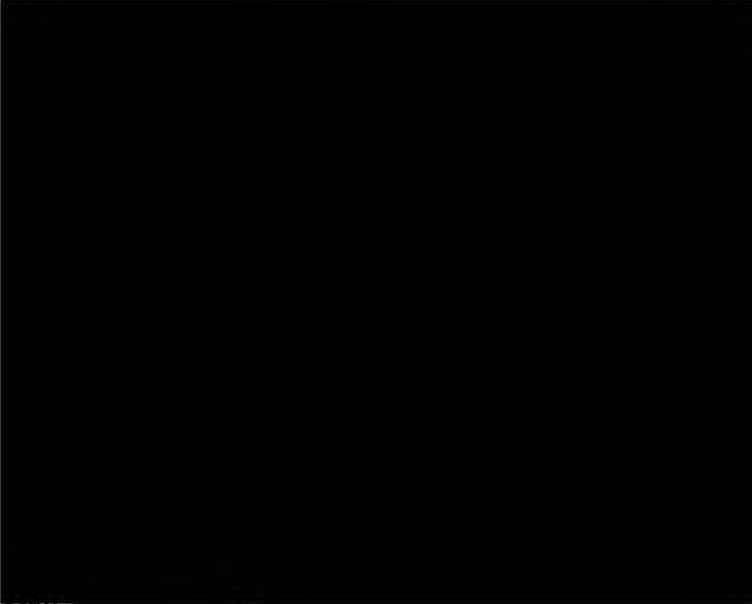
Next meeting: March meeting moved to March 22, 2018

For more information, contact HPOA Staff at 323-463-6767. As a covered entity under Title II of the Americans with Disabilities Act, organizations that contract with the City of Los Angeles do not discriminate on the basis of disability and upon request will provide reasonable accommodation to ensure equal access to its programs, services, and activities. Sign language interpreters, assisted listening devices, or other auxiliary aids and/or services may be provided upon request. To ensure availability of services, please make your request at least 3 business days (72-hours) prior to the meeting by contacting the office of the Hollywood Property Owners Alliance at 323-463-6767.

**HOLLYWOOD PROPERTY OWNERS ALLIANCE
BOARD OF DIRECTORS**

**Minutes
Thursday, January 18, 2018
Loews Hollywood Hotel**

Officers and Directors Present



Guests



I. CALL TO ORDER – Chad [REDACTED] President

The meeting was called to order at 4:11 p.m.

II. OPEN FORUM & INTRODUCTIONS

Mehdi Bolour and Areg [REDACTED] property owners representing Denley Investments addressed the board with their concerns of public safety and criminal activities in the BID.

III. APPROVAL OF MINUTES

It was moved by Joseph [REDACTED] seconded by Evan [REDACTED], and CARRIED to approve the minutes from the December 14, 2017 meeting. Unanimously approved.

IV. TREASURER'S REPORT

- A. December 31, 2017 statement – Johnson walked the board through the financial statement ending on December 31, 2017. Revenue was reported higher than what was budgeted due to interest income and fellowship grant income. Operating expenses are inline with the annual budget. It was reported a final year-end statement will be presented next month.

It was moved by Mark [REDACTED], seconded by Joseph [REDACTED] and CARRIED to approve the financial statement for December 31, 2017. Unanimously approved.

V. COMMITTEE/ACTIVITY REPORTS

A. Security Committee Report

- 1. Homeless Initiatives Update – [REDACTED] briefed the board on the continued effort by the BID staff in addressing the rising homeless population and the issues of crime and street violence. [REDACTED] addressed many of these concerns in her recent blog “Calling for a Sense of Urgency to Protect Hollywood.” The board discussed next steps to be taken by the BID. It was suggested to continue the effort with follow up meetings with elected officials and follow up on the 90-day meeting with the mayor and his staff. The board discussed creating a summary document that would focus on key messages from the BID, and agenda for change and call to action and timeline for meetings. It was also suggested to create an ad-hoc committee [REDACTED] [REDACTED] that would review actionable items before making recommendations to the board.
- 2. Street Vending Ordinance Update – The public hearing was cancelled in December and a new date has not been scheduled.

3. "Reducing Crime and Keeping California Safe Act of 2018" – Proposed November 2018 Ballot Measure – Mariani presented to the board a ballot initiative by Assemblymember Jim Cooper out of the 45th District. The initiative is slated for the November 2018 ballot and is focused on expanding a list of violent crimes that would not be eligible for early prison release. It would also reinstate DNA collection for certain crimes that were reduced to misdemeanors under Prop 47. The board discussed their reservations with supporting the ballot initiative. It was suggested to have the document reviewed by those knowledgeable in law enforcement to determine if the public safety concerns will be addressed in the proposed initiative. The action item to authorize support from HPOA was deferred until next month.
4. CORO Project to research protection of Walk of Fame – [REDACTED] briefed the board an opportunity was presented to the BID to work with a CORO Fellow on a special project. The project is a 4-week engagement that will take place in spring and will focus on researching special protections for the Walk of Fame. The scope of work will include looking at culturally-significant sidewalks nationwide and how to use this information to make a case for protections. The BID approached the Chamber and they have agreed to split the \$7,000 consulting costs. [REDACTED] suggested funds from the Stanton Grant could be used toward this work.

It was moved by Evan [REDACTED], seconded by Mark [REDACTED], and CARRIED to authorize \$3,500 to share consulting costs with Hollywood Chamber of Commerce. Unanimously approved.

B. Streetscape and Beautification

1. Streetplus Q4 Maintenance Report – Sergio Urena, Program Manager presented a quarterly report (October to December) on the Streetplus labor statistics and accomplishments in the BID. The maintenance team is looking into alternative waste solutions to reduce overall costs. It was noted the City of Los Angeles "Office of Community Beautification" (OCB) will be providing maintenance supplies including trash liners and paint for graffiti cover up which will help in cost savings.
2. Decorative Lighting Update – Loeb reported to the board the holiday pole mounts and decorative lighting project was successfully completed. The holiday decorations have been removed and put in storage and the lighting will remain installed throughout the year in a neutral color.
3. Hollywood Boulevard Crosswalks – Loeb reported to the board the council office has completed the BID's request to paint seven (7) crosswalks on the side streets that intersect Hollywood Boulevard with the exception of El Centro Avenue. This street is still pending. It was reported the installation of the scramble crosswalk at Hollywood & Vine has been delayed.

4. "Good Neighbor Trash Bag Program" – [REDACTED] briefed the board during a meeting with LAPD & the Mayor's office a program was presented to the BID to assist in ensuring that trash generated from encampments is disposed of in the neighborhood. Often it is left on the street, waiting for Sanitation cleanups, because of confusion regarding rules governing private belongings. LAPD has found that many people are willing to bag their trash and make it available to be picked up. An idea has been presented whereby outreach workers and LAPD will disperse brightly colored trash bags labeled "TRASH" when patrolling the neighborhoods. The BID has offered to pick up the bags and transport to the city yard instead of using the BID's dumpster space. It was proposed to the board purchasing the trash bags and supporting the 120-day pilot program subject to indemnification from the city.

It was moved by Mark [REDACTED], seconded by Katie [REDACTED], and CARRIED to authorize the BID's support and purchasing of trash bags for "good neighbor" trash pilot program in partnership with the City of Los Angeles NTE \$5,000 subject to city indemnification. Unanimously approved.

C. Marketing and Communications

1. Locals Night Out Valentines Bar Crawl - February 14th – Strecker reported to continue the momentum of Locals Night he and Angela [REDACTED]k, Stratiscope will be organizing a Valentine's Day Bar Crawl. They have secured bars for participation and ticket purchases will cover the bar tabs at each location. A future Locals Night is scheduled for April.
2. Comedy & Cocktails - April 1-7 – [REDACTED] reported the original event (previously featuring different comedy clubs and local bars throughout the week) has now progressed to "Comedy Week in Hollywood." The event will promote and feature one comedy event each night during the week of April 1 – 7th. Most comedy venues have their own bar and will provide cocktails during their designated night.
3. LA Phil 100/CicLAVia - Report from meeting at Capitol Records – Strecker briefed the board the Los Angeles Philharmonic is celebrating the 100th Anniversary on September 30th and partnering with CicLAVia. The CicLAVia event will begin in Downtown LA at the Walt Disney Concert Hall and culminate at Hollywood & Vine. A concert will take place at Capital Records and a shuttle will be provided to the culminating event at the Hollywood Bowl in the evening. All represented property owners were at the preliminary meeting. Staff will report back with further details.

D. Ad-hoc BID Renewal Committee

1. Draft MDP and ER Update – Mariani reported the draft MDP and Engineer's Report is in data review with the city. Once the changes are made, the second drafts will be submitted in early February. Once the final drafts of the MDP and Engineer's Report are approved, petitions with BID collateral will be sent to property owners.
2. Ad-hoc Governance Committee - The next meeting is scheduled for January 29, 2018 to continue the discussion with legal counsel regarding merging both boards and drafting the bylaws.

VI. NEW BUSINESS

1. The board discussed the continued frustrations with the city's RecyLA program. A meeting was attended by staff with the Board of Public Works to have BIDs exempt from the RecyLA program. Staff will keep the board apprised of any new developments.

VII. STAFF REPORT

- A. Homeless Count – The next homeless count will be held on January 25th at 10:00 p.m. Board members are encouraged to sign up and participate as volunteers are still needed for Hollywood's count.

- VIII. NEXT MEETING:** The next meeting will be held on February 15, 2018 at 4:00 p.m. The March meeting has been moved to March 22, 2018.

- IX. ADJOURNMENT:** The meeting was adjourned at 5:57 p.m.

Leroy Beavers

From: Cory Palka
Sent: Thursday, February 08, 2018 8:53 AM
To: Kerry [REDACTED]
Cc: [REDACTED]
Subject: Re: Transition for Joe Mariani

Thanks Kerry
Joe has been a great partner to us and will miss him.
Sad to hear this.
Cory

Cory Palka

Commanding Officer

Los Angeles Police Department

Hollywood Division
Follow on Twitter: @LAPD2014

On Feb 8, 2018, at 8:48 AM, Kerry Morrison <Kerry@hollywoodbid.org> wrote:

TO: CHC and HPOA Board of Directors

It is with sadness and anticipation that I announce that Joe will be leaving the employ of the HPOA effective April 6, 2018. He is very excited about his new adventure and we look forward to hearing about it in the coming weeks.

We, too, are excited for Joe and wish him the best. I will be conferring with both Board Presidents, to discuss my thoughts about finding someone to fill these big shoes so there is a seamless transition in this position.

I wanted to get this out to you today, before I head downtown for the county homeless summit. Before week's end, we will give you some insights on where we are with BID Renewal – our consultant is trying to get the final plan, engineers report and property database into the City Clerk by this Friday for their final review before we send to the property owners.

Kerry

Leroy Beavers

From: 25060@lapd.online
Sent: Thursday, February 08, 2018 8:53 AM
To: Kerry [REDACTED]
Cc: [REDACTED]
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Los Angeles Police Department

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Kerry

Leroy Beavers

From: michael [REDACTED]
Sent: Friday, February 02, 2018 11:02 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: Thank You, LAPD

Officers Thompson and White,

We want to sincerely thank you for taking time out of your busy schedules to train our staff yesterday. We understand you have an overflowing plate and how precious your time is. That said, we were extremely appreciative and grateful to have had a spot on your calendar.

We believe the session was worthwhile in that you effectively impressed upon our staff the importance of safety in our businesses.

Though a small step to creating a safer environment, it is a great start. As always, we hope to continue strengthening our relationship and bettering Hollywood together through efforts big and small such as our training session yesterday.

Thank you again!

Michael

Michael [REDACTED]
[REDACTED]


Cabo Cantina | Fiesta Cantina | Baja Beach Cafe | Jameson's Irish Pub

ach Bar | PB Cantina | The Sunset Trocadero Lounge

Leroy Beavers

From: Annabelle [REDACTED]
Sent: Thursday, February 01, 2018 1:21 PM
To: [REDACTED]

Cc: [REDACTED]

Subject: Community Police Advisory Board Meeting 2-13
Attachments: CPAB 2-13-18.pdf

Good afternoon,

Please see the attached CPAB letter for the upcoming board meeting scheduled February 13. We'd like to thank **Academy LA** and their management group for generously hosting the meeting. Kindly RSVP with Officer Eubank at 37352@lapd.online for a rough estimate of attendance.

In addition, if any of you have topics for discussion that you would like considered or added to the agenda, please email Officer Ben Thompson at 39467@lapd.online. Thank you and we hope to see you all there.

Note: If you've received this email in error, no longer work for an establishment and/or can provide a more suitable contact person, please let us know so we can update our email list. Thank you.

Los Angeles Police Department
Police Officer III Annabelle P Eubank
Serial No 37352
Hollywood Vice
213-972-2996

LOS ANGELES POLICE DEPARTMENT

CHARLIE BECK
Chief of Police



ERIC GARCETTI
Mayor

P. O. Box 30158
Los Angeles, Calif. 90030
Telephone: (213) 972-2996
TDD: (877) 275-5273
Ref #: 6.1

January 31, 2018

COMMUNITY POLICE ADVISORY BOARD HOLLYWOOD NIGHTLIFE MANAGEMENT

The Hollywood Nightlife Community Police Advisory Board will discuss the below listed topics:

- Nightclub "Best Practices"
- NBA All-Star Weekend
- Calendar of events
- Crime Trends
- Open Discussion

Date and Location of Meeting: Tuesday, February 13, 2018, 3:00 p.m.
Academy LA
6021 Hollywood Boulevard
Los Angeles, CA 90028

If you have any questions or concerns regarding this meeting, please have a member of your staff contact either Officers Brian White or Annabelle Eubank or Senior Lead Officer Benjamin Thompson, Hollywood Area Vice, at (213) 972-2996.

Very truly yours,

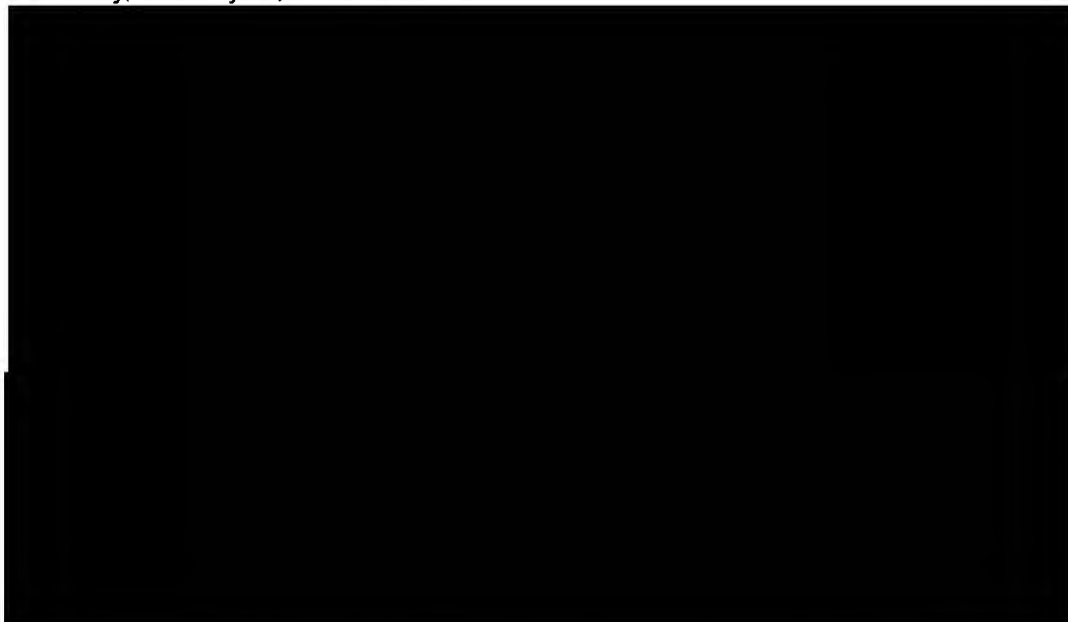
CHARLIE BECK
Chief of Police

A handwritten signature in black ink, appearing to read "C Palka".

CORY PALKA, Captain
Commanding Officer
Hollywood Area

Leroy Beavers

From: Dan Halden <daniel.halden@lacity.org>
Sent: Thursday, February 01, 2018 8:47 AM
To:



Subject: Agenda & Layouts for Today's Hollywood Street/Sidewalk Closure Committee
CONFERENCE CALL

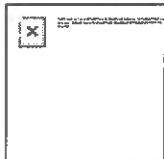
Attachments: 1) GAMEnight TCL v0123 clos.pdf; 2) THE ROOKIE HOLLYWOOD CLOSURE
PROPOSAL.pdf; 3) PACIFIC RIM 2 tcl v0130 FULL.pdf; 4) RPO arrivals v0130 clos.pdf; 5)
AvengersInfinityWarStreetClosureCD13.pdf; 6a) 2018 TCM FILM FESTIVAL.pdf; 6b) TCM
FILM FESTIVAL OPENING NIGHT - Notification Letter.doc; FEB 2018 Street Closure
Committee AGENDA.pdf

Speak to you all at 9:00 AM, just a few minutes from now.



Please see the attached agenda and layouts.

Thanks!



Dan Halden
Hollywood Field Deputy
Office of Councilmember Mitch O'Farrell, 13th District
1722 Sunset Boulevard, Los Angeles, CA 90026
(213) 207-3015 | daniel.halden@lacity.org | www.cd13.com

Find the Councilmember on:

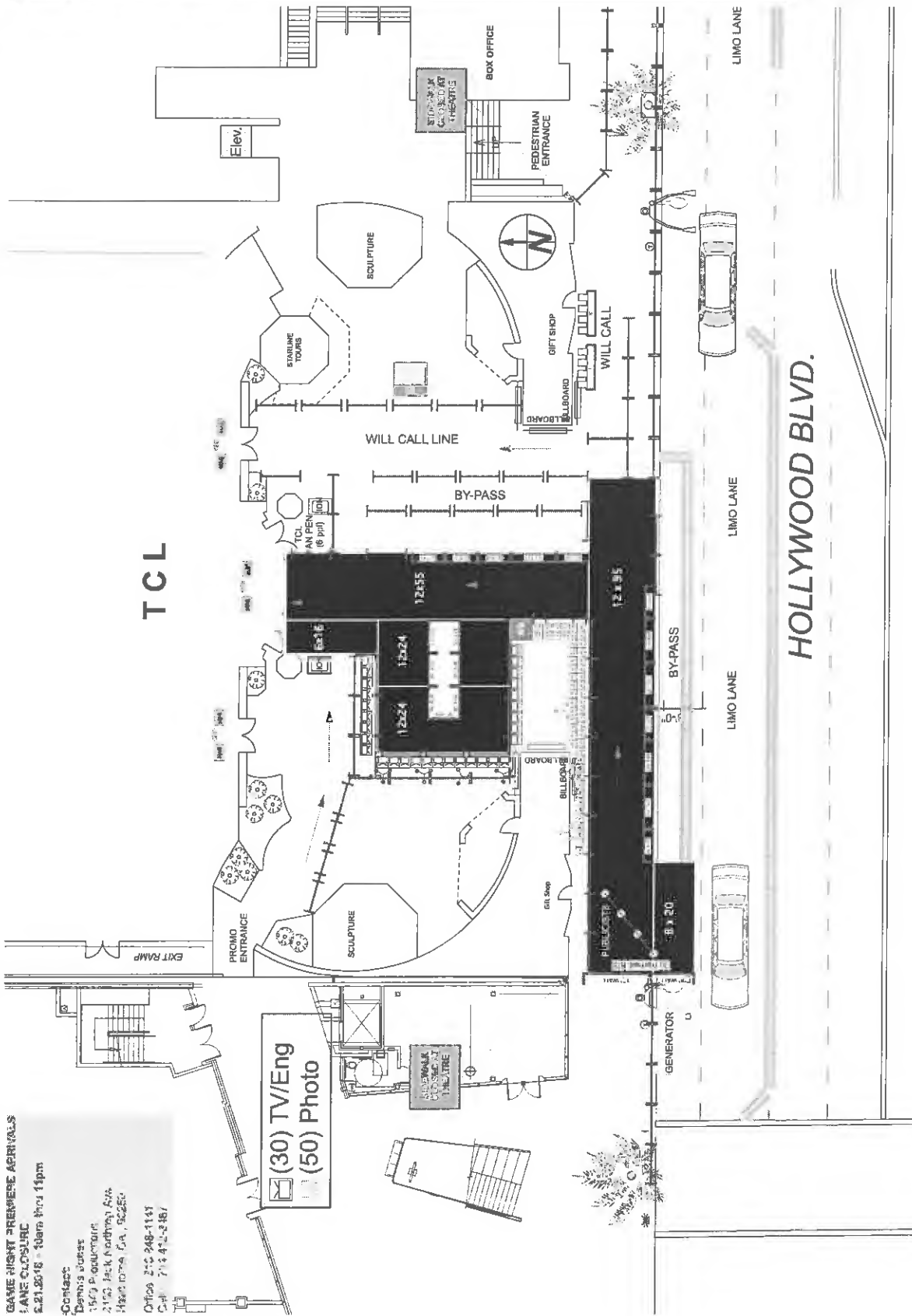
GAME NIGHT PREMIERE ARRIVALS

LANE CLOSURE
2.21.2018 - 10am thru 11pm

Contact:

Dennis J. Jones
1500 Production
2150 Jack Northrup Ave.
Hawthorne, CA, 90250

Office 213 248-1141
Cell 213 412-2181



WARNER BROS.

GAME NIGHT

ARRIVALS

February 21, 2018
TCL

For security reasons, we require all guests to arrive at the event at least 30 minutes prior to the start of the event. This includes all guests, including those who are arriving by car or limo. The event will be held at the TCL Chinese Theatre, which is located at 6934 Hollywood Blvd. in Hollywood, CA. The event will be held from 10am to 11pm. The event will be held at the TCL Chinese Theatre, which is located at 6934 Hollywood Blvd. in Hollywood, CA. The event will be held from 10am to 11pm.

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February 1, 2018

Councilmember Mitch O'Farrell
13th District
200 North Spring Street, Room 480
Los Angeles, CA 90012

Dear Councilmember O'Farrell,

I am writing to ask for your approval of a temporary full closure of Hollywood Blvd., between Highland Avenue and Sycamore Avenue, starting on Thursday, April 19, 2018; and ending on Wednesday, April 25, 2018; to accommodate the world premiere of *Marvel Studios Avengers Infinity War* at the TCL Chinese IMAX, Dolby Theatre, and El Capitan Theatre on Monday, April 23, 2018. There will be the traditional red carpet arrivals and press interviews of celebrities prior to the 7:00 PM start of the movie.


Because of the elaborate nature of the set-up and length of the tent required to serve as entry points for the three theaters, plans call for us to close the east bound and west bound traffic lanes and north and south side curb lanes of Hollywood Blvd, between Highland Avenue and Sycamore Avenue, beginning at 10:00 PM on Thursday, April 19, 2018; with Hollywood Blvd. fully re-opened by 6:00 AM on Wednesday, April 25, 2018.

Orange Drive remains open until Monday, April 23, 2018, then closes at 2:00 AM to allow for the connection of the two halves of the tent. It reopens at 6:00 AM on Wednesday, April 25, 2018. There is full access to the Madame Tussaud's garage, H & H's Orange Court and parking garage entrances on the north side of Hollywood Blvd; and to the Trailer Park parking structure and Hollywood Roosevelt valet entrance during the entire period.

We should also like to use the north curb lane of Hawthorn Avenue, between Highland Avenue and mid-block Hawthorn; and the east and west curb lanes of Orange Drive, both north and south of Hollywood Blvd, for equipment staging during the span of the closure. The use of these curb lanes will not affect the MTA bus layover point or access to any driveway or parking facility.

(continued on next page)

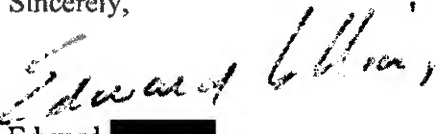
Mailing Address: 350 South Buena Vista Street • Burbank, California 91521-9054
6834 Hollywood Boulevard • Hollywood, California 90028 • 323/468-8268

Part of the Magic of The  Company Disney

The midblock crosswalk between the Dolby Portal and El Capitan Entertainment Center is closed starting at 10:00 PM on Thursday, April 19th; re-opening by 6:00 AM on Wednesday, April 25, 2018. We will provide a temporary mid-block crosswalk and crossing guards during the premiere set-up, closing at approximately 12:00 PM on premiere day. The sidewalks on the north and south sides of Hollywood Blvd. remain open through the period except for guest arrivals beginning at approximately 4:00 PM on premiere day, Monday, April 23, 2018; when we will provide pulsed pedestrian pass-through or clearly signed and attended pedestrian reroutes. The sidewalks re-open during the screening of the movie; then close briefly for the exit.

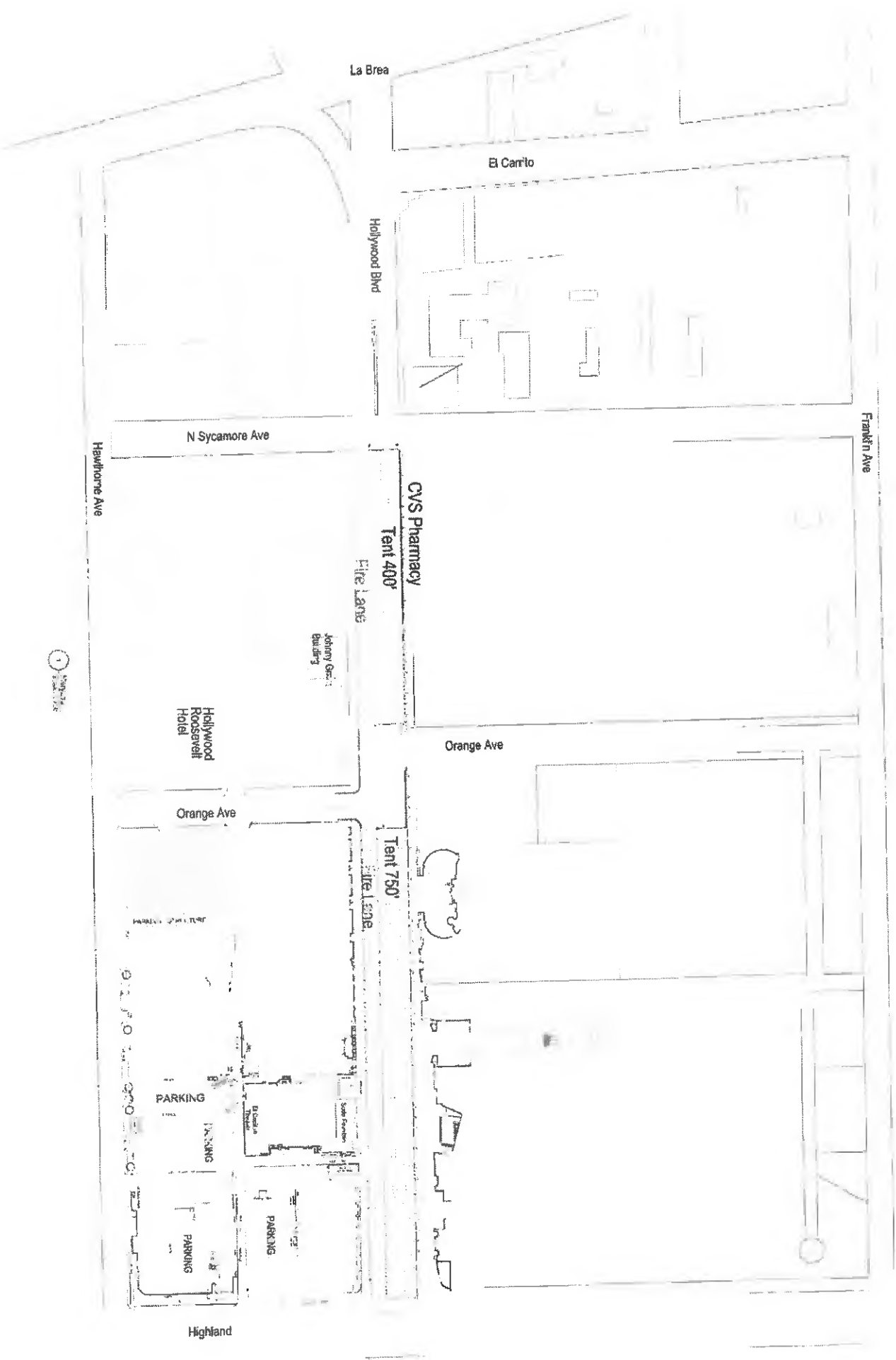
Thank you for considering this closure request. We will, of course, pay all applicable fees. Further, we recognize the impact of any street closure on our community and promise to keep the residents and businesses informed of our plans and work with all departments of the city to insure a safe and enjoyable event for all.

Sincerely,



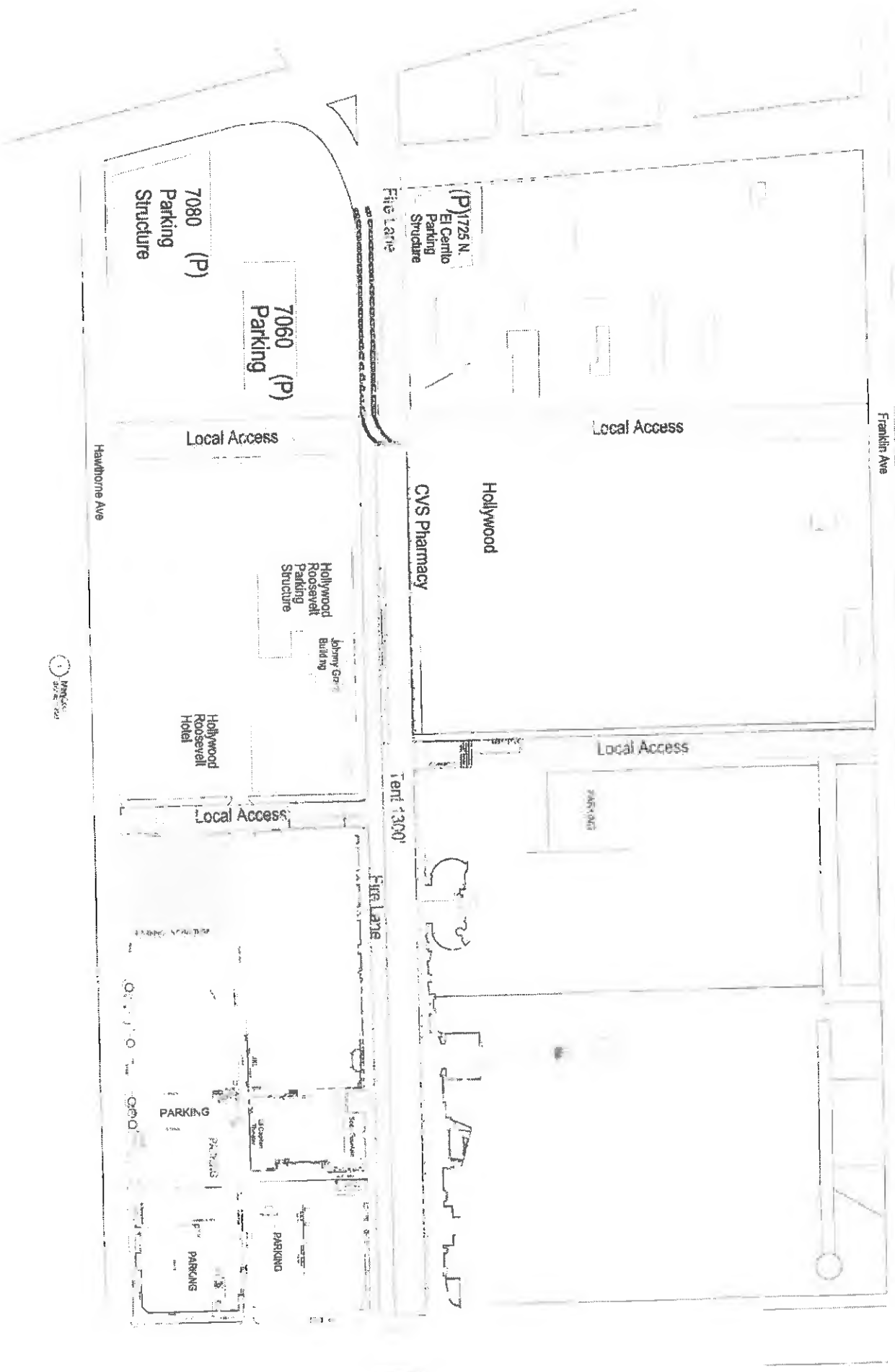
Edward [redacted]
[redacted]

Copy: Dan Halden



1
Hawthorne Ave

Highland



(P) 1725 N
El Centro
Parking
Structure

7060 (P)
Parking

7080 (P)
Parking
Structure

Local Access

Local Access

CVS Pharmacy

Hollywood

Hollywood
Roosevelt
Parking
Structure

Johnny G
Building

Hollywood
Roosevelt
Hotel

Local Access

Local Access

Tent 1300

Fire Lane

PARKING

PARKING

PARKING

Metric Scale
0 10 20 30 40 50 60 70 80 90 100

THE ROOKIE

HOLLYWOOD STREET CLOSURE PROPOSAL

Deadline Hollywood: "Written by (Alexi) Hawley *The Rookie* is inspired by a true story. (Nathan) Fillion plays John Nolan, the oldest rookie in the LAPD. At an age where most are at the peak of their career, Nolan cast aside his comfortable, small town life and moved to L.A. to pursue his dream of being a cop. Now, surrounded by rookies twenty years his junior, Nolan must navigate the dangerous, humorous and unpredictable world of a "young" cop, determined to make his second shot at life count."

EXT HOLLYWOOD BLVD - DAY

CHAOS. A man with a BAT is attacking cars on Hollywood Blvd. Officers approach and attempt to de-escalate the situation, but the man jumps on the hood of a car and smashes the windshield. Nolan eventually brings him down off the car, but the man takes off running.

WHY HOLLYWOOD BLVD?

- Showcase the Hollywood Blvd. at Highland landmark. Hollywood and Highland is an iconic location recognizable internationally.
- *The Rookie* is an LA for LA show. LA is a character in the show that includes Hollywood Blvd.
- Nolan has left a small town on the East Coast and is now thrown into a real situation the LAPD face every day.

CONSIDERATIONS

- TV Pilots strive to stand out among the others and so does Hollywood and Highland.
- Not a major red carpeted, bleached, or tented event.
- Not a multiple day event and no significant prep, setup or strike.
- No major stunts, collisions or explosions.

Full closures are for safety, but more importantly they allow us to show something special.

PERMIT CLOSURE DETAILS: (ONLY 1 OF THE 4 DATES)

Location: Full Closure of Hollywood Blvd from Orange to Highland

Sunday 3/11	6A to 8P - Rush Hour included - or Non-Rush 9A to 3P
Monday 3/12	6A to 8P - Rush Hour included - or Non-Rush 9A to 3P
Sunday 3/18	6A to 8P - Rush Hour included - or Non-Rush 9A to 3P
Monday 3/19	6A to 8P - Rush Hour included - or Non-Rush 9A to 3P

Filming Activity: exterior dialogue, camera, equipment and personnel on sidewalks, in the street, and across the street, actors dressed as police officers, actors dressed as iconic characters, drive ups and away, police vehicles and emergency lights, brandishing weapons, actor yelling and waving baseball bat, simulated windshield smash, 50-60 background cars driving and stopping in closure, foot chase involving actors dressed as police officers from Hollywood Blvd. onto sidewalk, around the corner and into alley, camera crane, generators, cable runs, reduce to curb lane closures once we have no need for the full closure, intermittent pedestrian control, intermittent traffic control

Background: 150
Crew: 75

The Rookie

Mark Gordon Productions +
ABC Studios for ABC TV
Foxburg Productions, LLC
c/o Paramount Pictures
5555 Melrose Ave. Bungalow 6
Los Angeles, CA 90038

Event Organizer Contact Info:

Neal Prosansky
Location Manager
310-733-8872 c
323-956-6403 o
nprosansky@gmail.com

THE ROOKIE
HOLLYWOOD BLVD CLOSURE DIAGRAM
ORANGE TO HIGHLAND

PROPOSED ADDITIONAL SUPPORT CREW:
8 Active/Off-Duty or Retired LAPD Officers
3-4 Location Managers
18-20 Security Guards

ACTORS RUN
TOWARD CRAZY
MAN

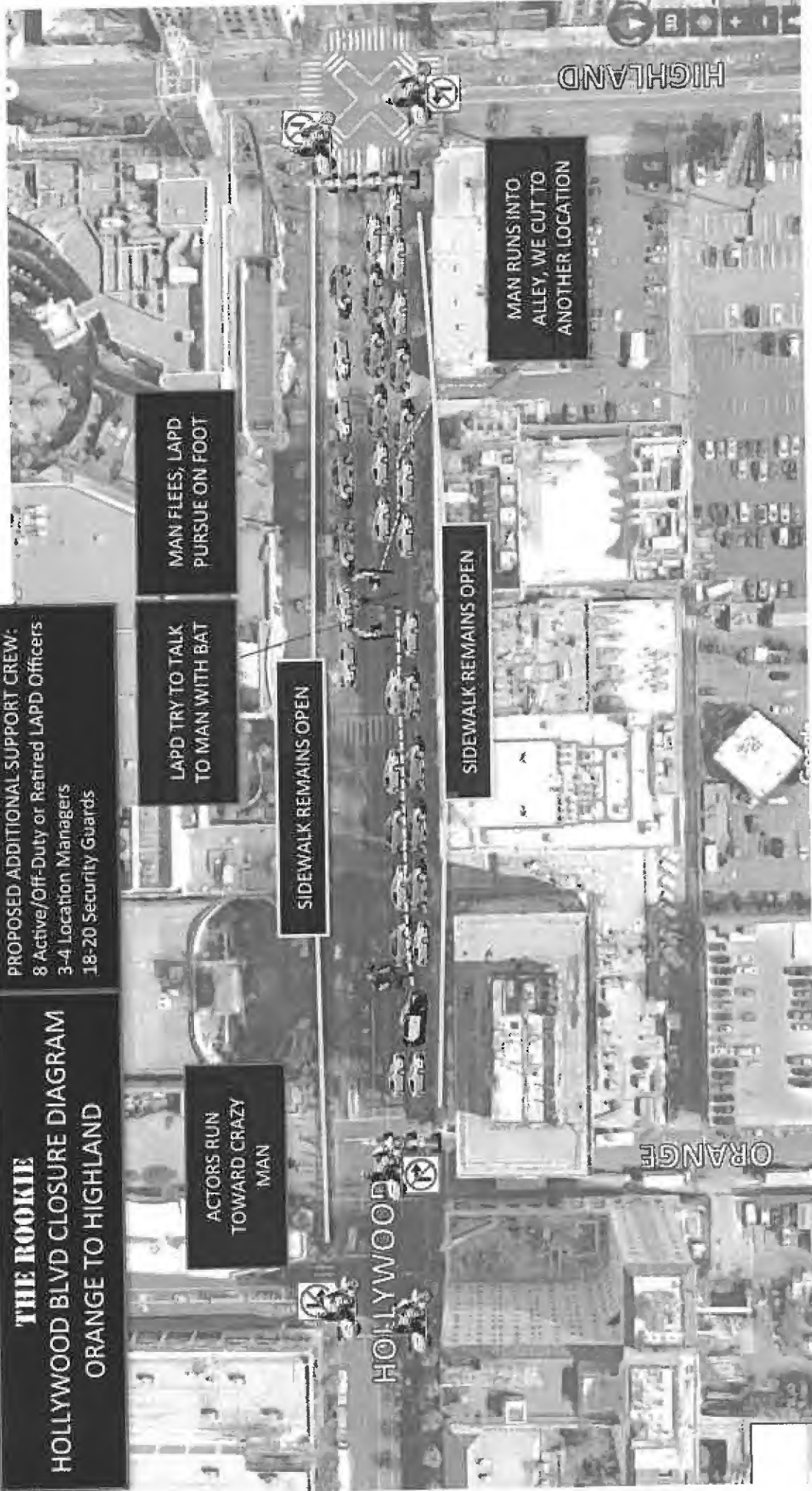
LAPD TRY TO TALK
TO MAN WITH BAT

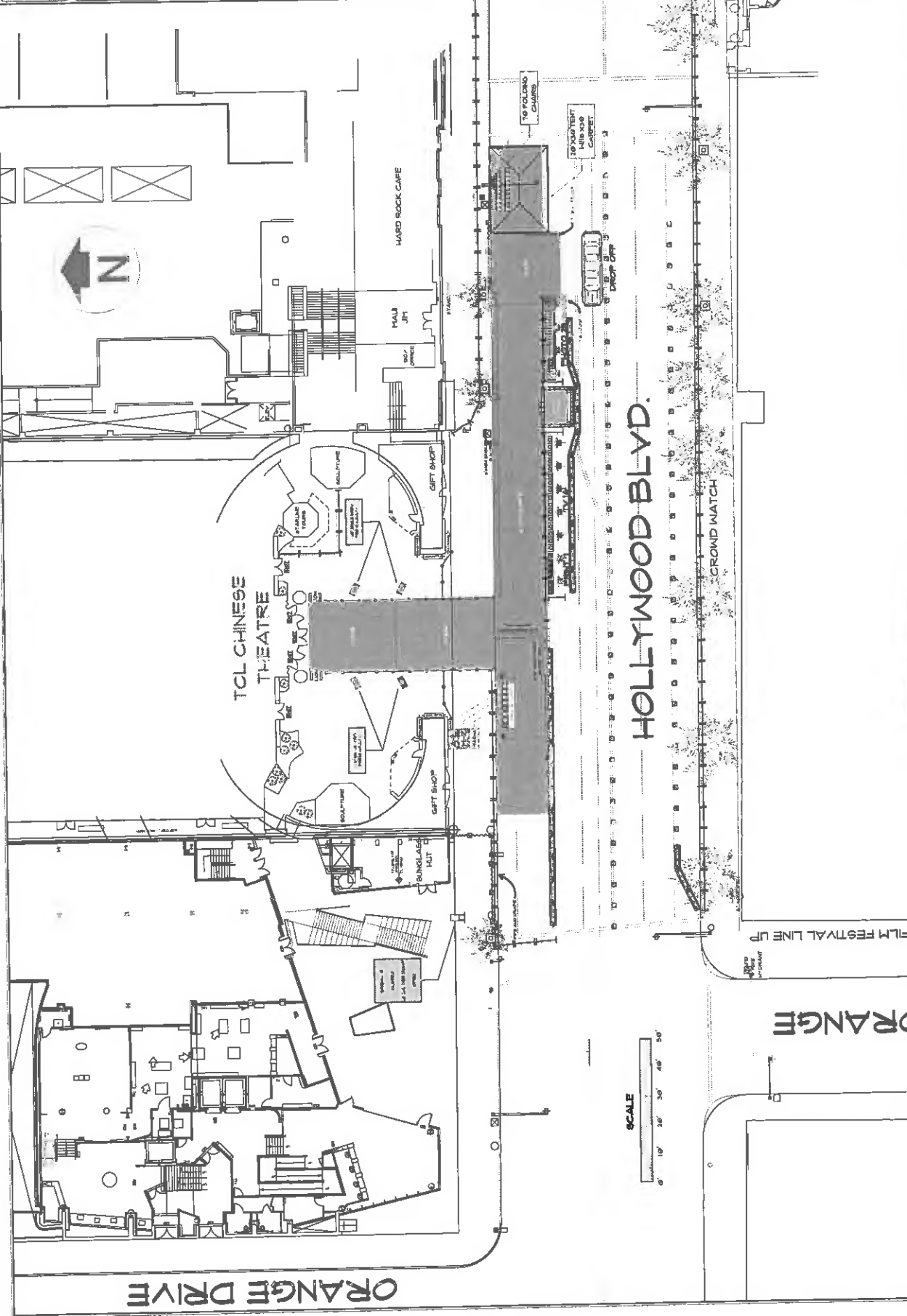
MAN FLEES, LAPD
PURSUE ON FOOT

SIDEWALK REMAINS OPEN

SIDEWALK REMAINS OPEN

MAN RUNS INTO
ALLEY, WE CUT TO
ANOTHER LOCATION





STREET/SIDEWALK CLOSURE MEETING AGENDA

Thursday, February 1, 2018, 9:00 AM
CONFERENCE CALL

- Dan Halden – Call to order
- Sign in and Self Introductions

YTD APPROVED CLOSURES FOR 2018 Hollywood b/w H&O – prior to this meeting			
FULL	WB/EB	#2 LANE	SIDEWALK
2		1	

	DATE & TIME	OTHER EVENTS?	APPLICANT	EVENT	HOST	CONTACT CELL	CLOSURE TYPE	ONE SHEET NEEDED?	APPROVED (Y/N)?
1	2/21/18 10 AM – 11 PM	Oscars	1540 Productions	Game Night Premiere	TCL Chinese	Grace Chow (310) 435-9797			
2	March TBD		ABC Studios	The Rookie Filming	N/A	Neal Proskansky (310) 733-8872	FULL Hollywood Blvd	YES	
3	3/20/18 9 PM – 3/22/18 5 AM		1540 Productions	Pacific Rim Uprising Premiere	TCL Chinese	Grace Chow (310) 435-9797	FULL Hollywood Blvd	YES	
4	3/26/18 4 AM – 11:59 PM		1540 Productions	Ready Player One Premiere	TCL Chinese	Grace Chow (310) 435-9797	FULL Hollywood Blvd	YES	
5	4/19/18 10 PM – 4/25/18		Disney	The Avengers: Infinity War Premiere	El Capitan, TCL Chinese, Dolby	Ed Collins (818) 731-5442	FULL Hollywood Blvd (between Sycamore & Orange)	YES	
6	4/26/18 5 AM – 11:59 PM		Joe Lewis Company	TCM Film Festival Opening Night	TCL Chinese	Grace Cornejo (818) 288-6858	WB Hollywood Blvd		

NEXT MEETING: Thursday, March 1, 2017 9:00 AM – Hollywood & Highland Center, 6801 Hollywood Blvd



January 29, 2018

The Joe Lewis Company is coordinating the arrivals for the 2018 TCM FILM FESTIVAL OPENING NIGHT, to be held at the TCL Chinese, on Thursday, April 26th, 2018. The set up will include red carpet, signage, press lighting, and the appropriate crowd and traffic control measures.

The following closures are requested:

- 4/26 @ 5AM to 4/26 @ 11:59PM – Closure of westbound lanes of Hollywood Blvd, between Highland and Orange
 - We'll allow the mid-block crosswalk to remain open until 3pm on 4/26.
- 4/26 @ 5AM to 4/26 @ 11:59PM- South curb lane of Hollywood Blvd from Orange Ave to Highland Ave
- 4/26 @ 3PM to 4/26 @ 11:59PM - North Sidewalk of Hollywood Blvd from Orange Ave to Highland Ave (stopping at Awards Walk).
 - The red carpet for this event begins at 4pm, so we need to close earlier to finalize the carpet placement. Once screening begins, we will make all attempts to re-open the sidewalk and will close again for talent exit.

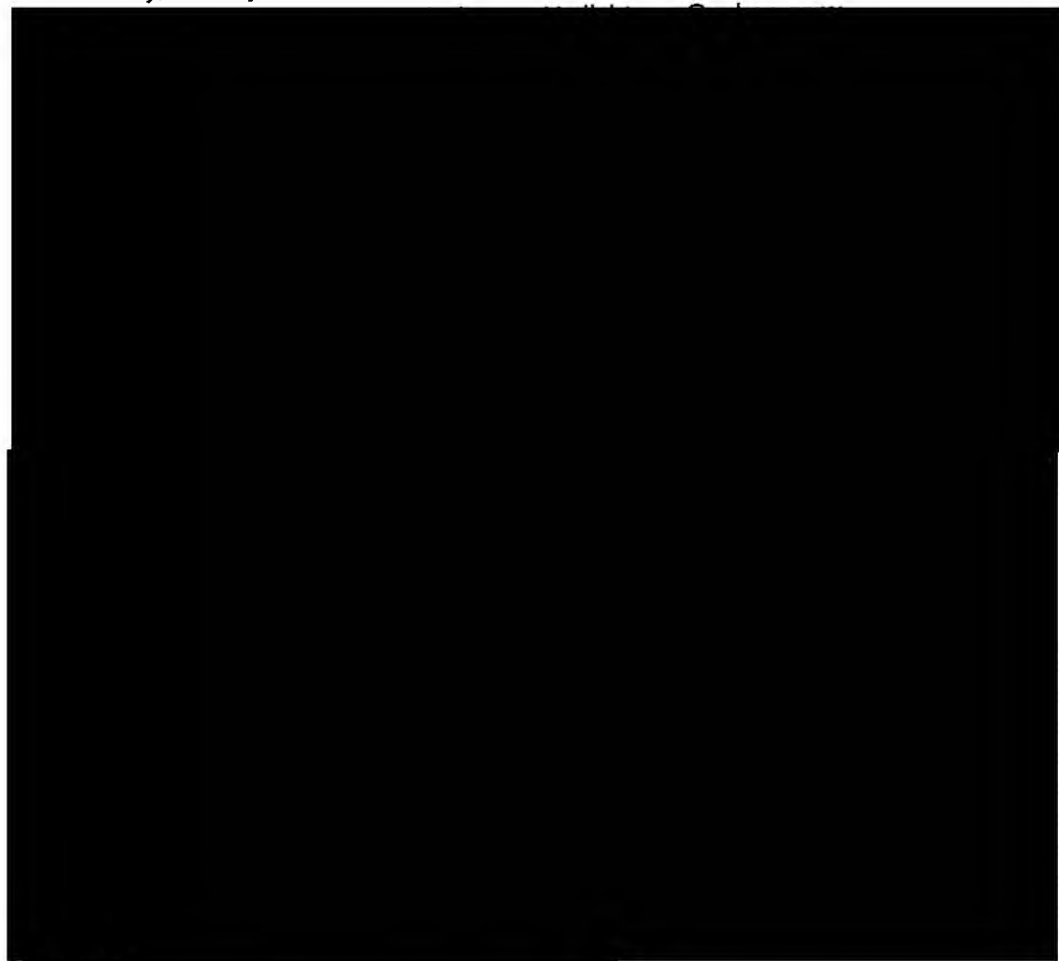
Per LAFD requirements, we will provide safety equipment and will obtain all necessary permits with the city. We will have a pedestrian path available on the sidewalk during the installation. Joe Lewis Company will also provide all necessary signage placed on the sidewalk noting that the surrounding vendors are still open for business during this time.

Our contact information is:

Joe [REDACTED]
[REDACTED]
[REDACTED]

Leroy Beavers

From: Google Calendar <calendar-notification@google.com> on behalf of Daniel.Halden@lacity.org
Sent: Wednesday, January 31, 2018 5:24 PM
To:



Subject: [PLEASE READ!!!!] ***CONFERENCE CALL*** Monthly - Hollywood Street/Sidewalk Closure Committee Meeting

Hi everyone,

Please excuse the late notice. Due to a scheduling change, I am changing our meeting tomorrow (Thursday morning) to a CONFERENCE CALL.



To everyone who was planning to present, please EMAIL ME digital copies of your handouts, and call in tomorrow.

Our agenda will be as follows:

- TBD MARCH - The Rookie (filming)
- 3/21 Pacific Rim Uprising
- 3/26 Ready Player One

-4/19 - 4/23 Avengers Infinity War
-4/26 - TCM Film Festival Opening Night

Thanks!
Dan

*****CONFERENCE CALL*** Monthly - Hollywood Street/Sidewalk Closure Committee Meeting**

Please join us for our monthly meeting, held the first Thursday of every month at 9:00 AM.

PLEASE NOTE THAT THE THURSDAY FEBRUARY 1ST MEETING HAS BEEN CHANGED TO A CONFERENCE CALL.

CONFERENCE CALL: Dial-In: (605) 475-3235 Access Code: 341454

PLEASE NOTE THE LOCATION CHANGE FOR 2018!!!!!! The meetings will now be held at the Hollywood & Highland Center, 6801 Hollywood Blvd, Suite 170 (the executive offices).

Directions to the management office:

- Enter the self parking from Highland Avenue or Orange Street; pull a ticket & we will validate it for you
- From parking, come up to the Central Courtyard, Level 2
- Cross the Central Courtyard to the left and head towards Shoe Palace
- To the left of the Shoe Palace storefront access the elevator down to Level 1
- The elevator opens directly into the Management Office
- Management Office: (323) 817-0200

Contact: Dan Halden (213) 254-7214 cell

Thu Feb 1, 2018 9am - 10am Pacific Time

CONFERENCE CALL: Dial-In: (605) 475-3235 Access Code: 341454 ([map](#))

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Leroy Beavers

From: Cory Palka
Sent: Tuesday, January 30, 2018 4:17 PM
To: Kerry [REDACTED]
Subject: Re: Front page article in LA Times yesterday re/ LA's homeless crisis

THX Kerry
Thanks fo your time yesterday. I will let you know how it goes.
Cory

Cory Palka
Department

Commanding Officer
Hollywood Division

Los Angeles Police
Follow on Twitter: @LAPD2014

On Jan 29, 2018, at 3:46 PM, Kerry Morrison <Kerry@hollywoodbid.org> wrote:

TO: HPOA and CHC boards,

In case some of you have not seen the LA Times Sunday section yesterday, a prominent article, penned by Steve Lopez, lays down a challenge to our elected officials to take the situation we are facing seriously. (It also challenges local communities who are not doing enough to assume their fair share of the region's responsibility for services and/or housing). It suggests that this may be the first in a series or articles. I know that several business and property owners were interviewed before Christmas by a member of the Times editorial board looking to assess the impact on local businesses.

An important read.

<http://www.latimes.com/local/california/la-me-lopez-homeless-20180128-story.html>

Kerry

KERRY [REDACTED]
Executive Director

[REDACTED]

Leroy Beavers

From: 25060@lapd.online
Sent: Tuesday, January 30, 2018 4:17 PM
To: Kerry [REDACTED]
Subject: Re: Front page article in LA Times yesterday re/ LA's homeless crisis

THX Kerry
Thanks fo your time yesterday. I will let you know how it goes.
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Cory Palka
Department

Commanding Officer
Hollywood Division

Los Angeles Police
Follow on Twitter: @LAPD2014

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An important read. <https://www.technologyreview.com/2019/01/28/391891/38-story.html>

<http://www.latimes.com/local/california/la-me-lopez-homeless-20180128-story.html>

Kerry

KERRY
Executive Director

Leroy Beavers

Steve S. [REDACTED]
Tuesday, January 30, 2018 10:45 AM
Cory Palka; Kerry [REDACTED]
BID Outreach plan
BID Outreach Job Description updated 1-30-18.docx

Attached is the job description for my homeless outreach specialist. The position is evolving. Don't hesitate to ask if you have any questions.

BID Outreach Team Job Description

The Street Outreach Specialist will be part of a team that is responsible for providing street-based outreach and supportive services to individuals experiencing homelessness in the Hollywood and Sunset Business Improvement Districts.

Responsibilities include:

- Provide street-based outreach, navigation and support to individuals experiencing homelessness. Key activities include:
 - Visually assess situation.
 - Engage clients consistently using a range of techniques (e.g. motivational interviewing, offering an item to meet an immediate need)
 - Build trust and rapport with individuals experiencing homelessness while maintaining appropriate and healthy boundaries.
 - Assess homeless individuals utilizing the Vulnerability Index (VI) SPDAT or appropriate screening tool.
 - Link clients to physical health, mental health and other supportive services.
 - Provide case management to meet the needs of each individual and create an individual service plan (ISP).
 - Assist clients in obtaining bus tokens and passes, taxi vouchers, and/or direct transportation to clients, as needed and based on availability.
 - Assist clients to enroll in mainstream benefits and obtain identification (e.g., California ID, birth certificate, social security card).
 - Link clients to appropriate long-term supportive services or permanent housing programs and assist them in completing the required paperwork.
 - Advocate on the client's behalf to ensure they receive the services they need.
 - To be a liaison to homeless outreach providers and help them direct resources to make the most effective use of these funds.
- Participate in SPA 4 case conferencing meetings and other community meetings.
- Develop and maintain strong ties to the community, law enforcement, the Coordinated Entry System (CES) and other homeless service providers in order to support his/her clients.
- Research other organizations and create a resource binder to assist the client.
- Visit partner organizations and create a key contact person, learn eligibility criteria, remain in communication to further solidify collaboration.
- Coordinate with other outreach teams in joint street outreach efforts.
- Keep highly organized files for each client and enter appropriate data into the region's Homeless Management Information System (HMIS) or alternative database.
- Create reports by analyzing data collected from clients and put into a format that is appropriate for sharing in a venue with funders, partners and local stakeholders.
- Report regularly on successes, barriers, collaborations, etc.

QUALIFICATIONS

- A highly motivated self-starter who works well with others and is adaptable and capable of working in a fast paced environment.
- Bachelor's Degree preferred or two years' experience providing street-based services to highly vulnerable populations.
- Strong knowledge of homeless services.
- Demonstrated knowledge and experience with Harm Reduction, Motivational Interviewing, Critical Time Intervention, and Housing First.
- Must have a Driver's license and willingness to transport clients with a team member, if needed.
- Spanish language proficiency highly desirable.

WORK ENVIRONMENT

The employee may be in contact with individuals and families in crisis who may be ill, using alcohol and drugs, and who may not be attentive to basic personal hygiene, health and safety practices. The employee may experience a number of unpleasant sensory demands associated with the client's use of alcohol and drugs, and lack of personal hygiene. The employee must be ready to respond quickly and effectively to many types of situations, including crisis situations and potentially hostile situations. Work may become stressful when working under pressure.

PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to stand, sit, walk, stoop, talk, hear, reach above and below shoulders; use hand and finger dexterity, keyboarding and making and receiving telephone calls. The employee may be required on occasion to lift and or carry up to 20 lbs.

Leroy Beavers

From: Steve [REDACTED]
Sent: Tuesday, January 30, 2018 10:45 AM
To: Cory Palka; Kerry Morrison
Subject: BID Outreach plan
Attachments: BID Outreach Job Description updated 1-30-18.docx

Attached is the job description for my homeless outreach specialist. The position is evolving. Don't hesitate to ask if you have any questions.

Leroy Beavers

From: Kerry [REDACTED]
[REDACTED]
Monday, January 29, 2018 2:31 PM
[REDACTED]
Supervisor Barger Motion re: Homelessness and Grave Disability Legislation-Tues. Jan. 30
Attachments: County Sponsored Legislation Grave Disability 013018.pdf; Board Report - Assessment of Grave Disability Item No. 9 Agenda of October 31 2017 (3).pdf; State Standards Chart.pdf; 1.30.18 NAMI Letter to BOS re Grave Disability.pdf

TO: Hollywood 4WRD

Tomorrow the Board of Supervisors will hold a hearing on the topic of adjusting the definition of grave disability. This has obviously been a topic of significant concern here in Hollywood with what we have learned through our experience trying to help people on the Top 14 list.

You may want to show up for this hearing, or provide a letter of support.

Here is where your letter needs to go:

If you are unable to attend in person, you may send written remarks to executiveoffice@bos.lacounty.gov and those will be distributed to the BOS.

Kerry

AGN. NO. _____

MOTION BY SUPERVISORS KATHRYN BARGER
AND MARK RIDLEY-THOMAS

JANUARY 30, 2018

County Sponsored Legislation – Grave Disability

On October 31, 2017 the Board of Supervisors directed the Department of Mental Health (DMH) to work with County Counsel, the Chief Executive Office, mental health advocacy groups, civil rights organizations, and other pertinent stakeholders to develop recommendations for legislative proposals that would consider an individual's inability to provide and/or access urgently needed medical care for him or herself due to a mental disorder as part of the criteria for grave disability.

DMH and its partners engaged stakeholders to solicit feedback from various statewide and local organizations. The comprehensive feedback, which was overwhelmingly positive, expressed interest in modifying the current grave disability standard in state law to consider extraordinary circumstances where an individual's life is in jeopardy.

As a result, DMH has proposed language to amend existing state law as follows:
"a condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, shelter, or medical treatment where the lack or failure of such treatment results in substantial physical harm or death."

--- M O R E ---

MOTION

Solis	_____
Ridley-Thomas	_____
Hahn	_____
Barger	_____
Kuehl	_____

This proposed addition (in the underlined section above) is similar to the criteria used in 37 states nationwide. This sets precedent for the proposed addition, which has proven to be constitutionally precise. All protections would remain intact, and grave disability would still have to be proven beyond a reasonable doubt.

It is quite clear that the status quo mental health care system is inefficient and in need of thoughtful change. While this recommended amendment to state law will not address all of the problems local jurisdictions face, it is a critical component which will allow for the humane treatment of those who are suffering from a mental illness and at risk of substantial physical harm or death. Allowing the most vulnerable to languish on our streets without a lifeline is inhumane, and we cannot accept this as a viable option.

I, THEREFORE, MOVE that the Board of Supervisors direct the Chief Executive Officer to work with the Director of the Department of Mental Health to immediately sponsor legislation that would amend the definition of gravely disabled pursuant to the recommendation outlined in the January 10, 2018 report titled "Assessment of Grave Disability" and provide regular status updates to the Board every 30 days or as needed.

#

KB:ems

AGN. NO. _____

MOTION BY SUPERVISOR KATHRYN BARGER

JANUARY 30, 2018

County Sponsored Legislation – Grave Disability

CATEGORIES: (Please check ☒ those that apply)

- ☐ 1. Child Welfare
- ☐ 2. Community and Youth Empowerment
- ☐ 3. County Services
- ☐ 4. Economic Justice
- ☐ 5. Economic and Workforce Development
- ☐ 6. Education
- ☐ 7. Environment
- ☐ 8. Fiscal
- ☐ 9. Governance
- ☒ 10. Health
- ☒ 11. Homelessness
- ☐ 12. Immigration
- ☐ 13. Public Safety
- ☐ 14. Social Justice and Human Rights
- ☐ 15. Technology and Data



**LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH**

JONATHAN E. SHERIN, M.D., Ph.D., Director
ROBIN KAY, Ph.D., Chief Deputy Director
RODERICK SHANER, M.D., Medical Director

January 10, 2018

TO: Supervisor Sheila Kuehl, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Jonathan E. Sherin, M.D., Ph.D.
Director

SUBJECT: **ASSESSMENT OF GRAVE DISABILITY
(ITEM NO. 9, AGENDA OF OCTOBER 31, 2017)**

INTRODUCTION

On October 31, 2017, your Board approved a motion by Supervisor Kathryn Barger and Supervisor Hilda Solis that instructed the Director of Mental Health to work with County Counsel, the Chief Executive Office, mental health advocacy groups, civil rights organizations and other pertinent stakeholders to develop recommendations for legislative proposals that would consider an individual's inability to provide and/or access urgently needed medical care for him or herself due to a mental disorder as part of the criteria for grave disability and report back to the Board in 60 days.

BACKGROUND

In 1968, the Lanterman-Petris-Short Act (LPS) was enacted to provide guidelines for handling the involuntary civil commitment of individuals who - due to mental illness - pose a danger to self or to others, or who are gravely disabled. LPS entails California Welfare and Institutions Code (WIC) section 5000 et seq., and more specifically, WIC 5008(h)(1)(A) defines gravely disabled.

Under this statute, gravely disabled is defined as a condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter.

In recent years, the Legislature has considered various amendments related to gravely disabled. Attachment I shows some of the efforts being considered in the current legislative session. Additionally, prior year efforts included: Senate Bill (SB) 364 (Chapter 567, Statutes of 2013), which provided consistent standards for the protection of the personal rights of those who are involuntarily detained, provided services in the least restricted setting appropriate to the

needs of the person, and required procedures and training of the professionals who would be treating the detained; SB 82 (Chapter 34, Statutes of 2013) in which funding was appropriated to implement grant programs to support the development, capital, and equipment acquisition to increase capacity; and Assembly Bill (AB) 1194 (Chapter 570, Statutes of 2015), which requires individuals who are authorized to determine if a person should be involuntary committed, to take into consideration not only the danger of imminent harm, but also available relevant information about the historical course of the person's mental disorder.

OUTREACH EFFORTS

On November 29, 2017, a survey designed by the Department of Mental Health (DMH) to gauge interest in amending the current WIC section 5008(h)(1)(A),(2) to include physical health needs was disseminated. In this initial survey, 78 mental health leaders representing statewide organizations, as well as all California county behavioral health directors, were asked to respond to a series of questions. Each of the four yes or no questions posed by the survey included an option to provide comments. Information regarding the respondents' relationship to the state's mental health system was also collected. A total of 47 completed responses were received, resulting in a response rate of 60%.

On December 19, 2017, this same survey (with a slight change in wording to one question for greater clarity) was sent out to 121 stakeholders across Los Angeles County, including Service Area Advisory Council (SAAC) members, System Leadership Team (SLT) members, Los Angeles County National Alliance on Mental Illness (LAC NAMI), Mental Health America affiliates and others who had expressed interest in engaging with DMH on this and related issues. For this survey, the response rate was 27% (33 completed surveys).

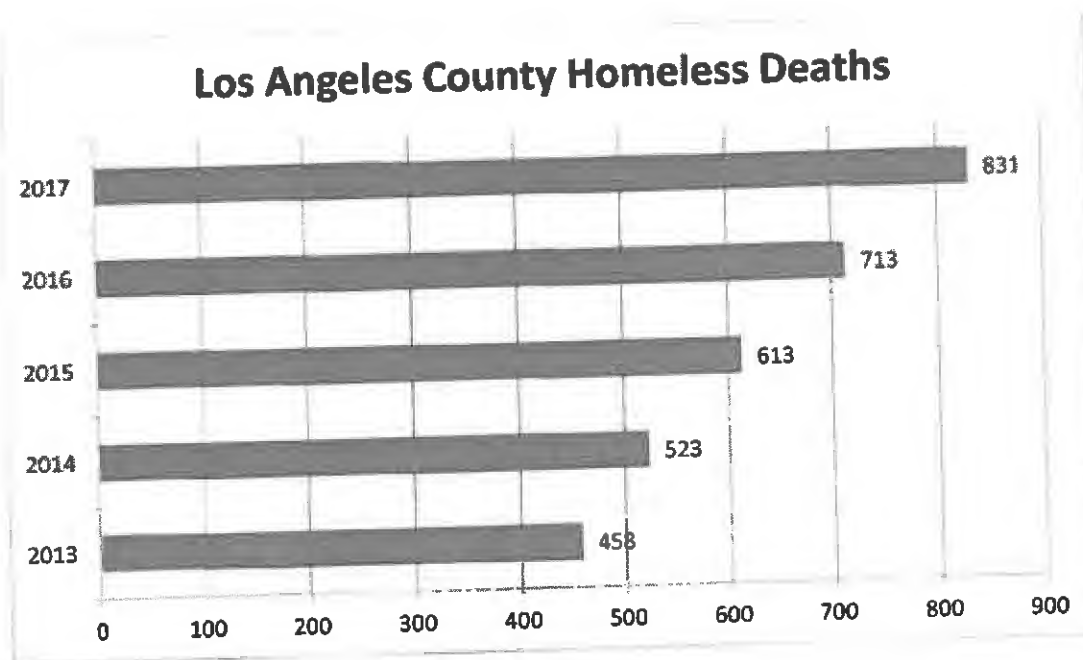
Overall for each cohort, responses were positive regarding the amendment of the definition of grave disability (83% for the first cohort and 88% for the second cohort). Beyond the definition, survey questions focused on the severity of physical health as well as the approach to making a formal assessment.

The data of each of the two survey cohorts is in Attachments II and III.

RECOMMENDATION

These initial survey results argue in favor of the need to ensure proper medical care for the homeless with mental illness who are suffering on the streets with serious physical ailments. Survey respondents recognize that this vulnerable population's lack of insight to their mental illness results in the failure to seek voluntary medical treatment for urgent medical conditions.

On a related note, the Los Angeles County Medical Examiner-Coroner's (MEC) data on the number of deaths among the homeless population in Los Angeles County reflects a consistent increase for the past five years as illustrated in the graph below:



While this data does not indicate whether or not the deceased individual suffered from a mental illness that impaired the ability to seek treatment, MEC data indicates that a significant number of these deaths were due to preventable and/or treatable medical conditions such as: arteriosclerotic cardiovascular disease, pneumonia, diabetes, cancer, cirrhosis, severe bacterial infections, and other treatable conditions.

At the same time that we are seeing increased death rates among the homeless population, we have seen an increase of homeless individuals suffering from a mental illness. According to data provided by the Los Angeles Homeless Services Authority (LAHSA), there has been a 28% increase in homeless individuals suffering from a mental illness from 2015 to 2017.

While no definitive conclusion can be drawn from these data sets, it is important to realize that individuals with co-occurring mental illness and homelessness, arguably the County's most vulnerable populations, may account disproportionately for the increased death rates.

In order to meet our ethical obligations to this population and our communities, it is our stance that the County should pursue legislation that would adjust the definition of gravely disabled to include individuals with serious physical health needs that – like food, clothing, and shelter – are fundamental to wellbeing. Many states that use a grave disability standard to involuntarily commit and administer mental health treatment include, in some form, physical health and/or medical treatment as part of the criteria in assessing an individual's condition to provide for his/her basic personal needs for survival due to a mental disorder. We recommend amending the LPS statute to be consistent with other states, by adding the underlined portion below:

"a condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, shelter, or medical treatment where the lack or failure of such treatment may result in substantial physical harm or death."

As an example from one of the states that uses a grave disability standard, Washington has enacted a definition of gravely disabled similar to the recommendation suggested above. Washington's definition addresses the failure or inability to provide for essential human needs and safety which results in substantial risk of serious physical harm. Such needs include food, clothing, shelter, and medical treatment. We believe amending the current definition of gravely disabled to include the above language will promote humane care for people with mental illness who are unable or unwilling to obtain medical treatment even though such failure results in serious physical harm or death.

As with Washington's definition, we believe that the recommended addition to California's gravely disabled definition will withstand challenge. The addition will remain constitutionally precise as it will continue to require a causal link between the specifically defined diagnosed mental disorder and an inability to care for one's basic personal needs. It will also require a finding of physical harm so that the criteria cannot be misapplied. Finally, all legal protections provided under LPS would remain intact, and grave disability would still have to be proven beyond a reasonable doubt.

CONCLUSION

There is currently no Board-approved policy to support or sponsor legislation to amend the definition of gravely disabled; therefore, approval of the above recommendation is a matter of Board policy determination.

JES:tld

Attachments

c: Executive Office, Board of Supervisors
 Chief Executive Office
 County Counsel

**LEGISLATION RELATED TO GRAVELY DISABLED
2017**

COUNTY ADVOCACY

County-sponsored AB 820 (Gipson), as amended on March 23, 2017, would establish a task force to develop a report evaluating alternative destinations to a general acute care hospital for first responders to transport a patient who may be a danger to himself or others or gravely disabled as result of a mental health disorder.

Support and Oppose: This bill was not heard in committee, and therefore, no committee analysis was issued. However, several key organizations expressed opposition or concerns with the bill: California Ambulance Association; California Chapter of the American College of Emergency Physicians; California Nurses Association; California Professional Firefighters; California Medical Association; and California Ambulance Association.

Status: Not heard in the Assembly Health Committee.

County-opposed AB 451 (Arambula), which as amended on July 5, 2017, would specify that a psychiatric unit within a general acute care hospital, a psychiatric health facility, or an acute psychiatric hospital is required to provide emergency services to care to treat a person with a psychiatric emergency medical condition who has been accepted by the facility if the facility has appropriate facilities and qualified personnel.

Support: California Chapter of the American College of Emergency Physicians (sponsor); American Academy of Pediatrics; California Medical Association; National Alliance on Mental Illness California, and Steinberg Institute. *Oppose:* California Association of Social Rehabilitation Agencies; California Hospital Association; County Behavioral Health Directors Association; SEIU California; and Tenet Healthcare.

Status: Held in the Senate Appropriations Committee.

ENACTED STATUTES

AB 191 (Wood, Chapter 184, Statutes of 2017), amends an existing law which provides that when a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, he or she may be taken into custody and placed in a facility for evaluation and treatment. Includes a licensed marriage and family therapist and a licensed professional clinical counselor in the list of professionals who are authorized to sign a specified notice under specified circumstances. This statute is effective January 1, 2018.

Support: California Association of Marriage and Family Therapists (source); California Hospital Association; among others. *Oppose:* California Psychological Association

SB 565 (Portantino), Chapter 218, Statutes of 2017, requires a mental health facility to make reasonable attempts to notify family members or any other person designated by a patient at least a certain number of hours prior to a certification review hearing for an additional 30 days of treatment. This statute is effective January 1, 2018.

Support: California Council of Community Behavioral Health Agencies; Disability Rights California; and National Alliance on Mental Illness California. *Oppose:* None.

SB 684 (Bates, Chapter 246, Statutes of 2017), allows the initiation of conservatorship proceedings for a defendant on the basis of a grave mental health disorder. Allows, if the action is on a complaint charging a felony involving death, great bodily harm, or a serious threat to the physical well-being of another person, the prosecuting attorney to request a determination of probable cause to believe the defendant committed the offenses, solely for the purpose of establishing that the defendant is gravely disabled. This statute is effective January 1, 2018.

Support: San Diego County District Attorney (source); National Alliance on Mental Illness California; and others. *Oppose:* None.

PENDING LEGISLATION

AB 1136 (Eggman), as amended on May 26, 2017, would require the State to develop and submit a proposal to solicit a grant under the federal 21st Century Cures Act to develop a real-time, Internet-based database to collect, aggregate, and display information about beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential substance use disorder treatment facilities.

Support: California Psychiatric Association (co-sponsor); Steinberg Institute (co-sponsor); California Access Coalition; California State Sheriffs' Association; National Association of Social Workers – California Chapter; and others. *Oppose:* California Hospital Association

Status: Pending confirmation from author's office whether or not this is a two year bill.

AB 1372 (Levine), as amended on June 13, 2017, would authorize a crisis stabilization unit designated by a mental health managed care plan to provide crisis stabilization services beyond a certain service time in cases in which a patient needs inpatient psychiatric care or outpatient care and other services are not reasonably available. Requires a person who is placed under an involuntary hold to be credited for time detained at a crisis stabilization unit.

Support: County Behavioral Health Directors Association of California (sponsor); California State Association of Counties; Urban Counties of California; National Alliance on Mental Illness – California, and several counties. *Oppose:* None.

Status: Senate Inactive File.

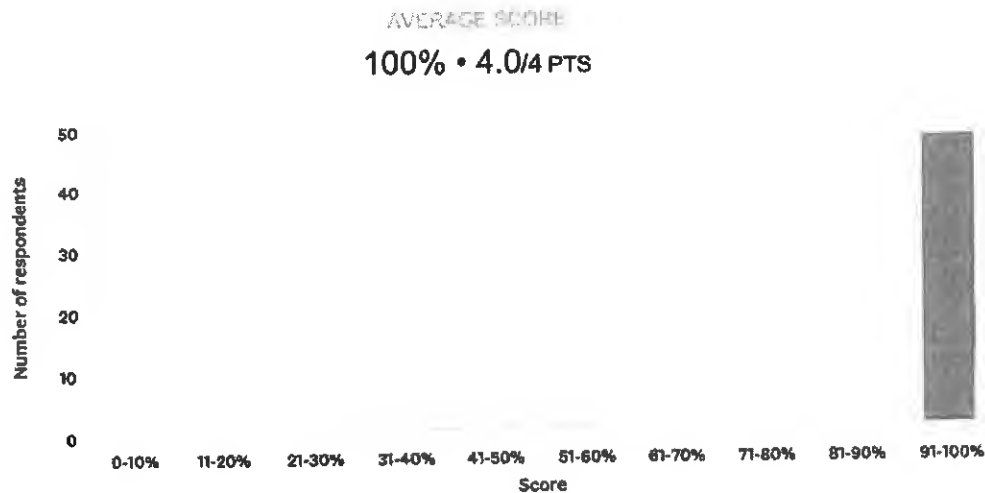
AB 1539 (Chen), as amended on April 4, 2017, would expand the definition of gravely disabled to include the inability to provide for his or her medical care.

Support and Oppose: This bill was referred to the Assembly Health Committee, but was not heard; and therefore, no committee analysis was issued. However, our Sacramento advocates have learned that the Chair of the Assembly Health Committee and the California Behavioral Health Directors Association were strongly opposed to any changes to the definition of gravely disabled.

Status: In its current version, this bill will not be moving forward in 2018, and the author has noted that they will consider other approaches.

Grave Disability Definition

Quiz Summary



STATISTICS

Lowest Score
100%

Median
100%

Highest Score
100%

Mean: 100%

Standard Deviation: 0%

Question Ranking

QUESTIONS (4)

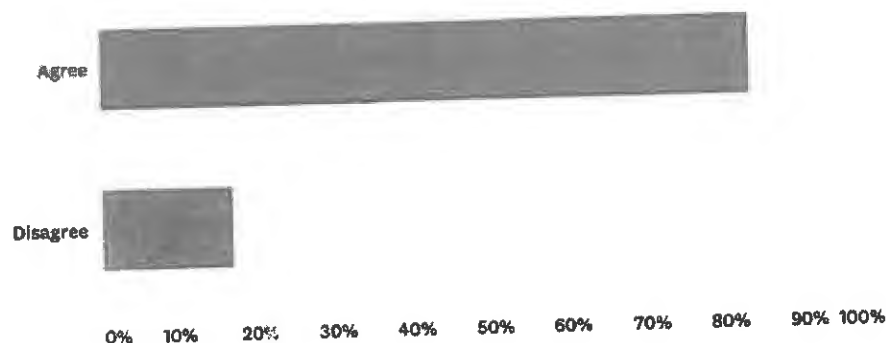
- Q1** Current Definition: A condition in which a person, as a result of a mental disorder (or impairment by chronic alcoholism), is unable to provide for his (or her) basic personal needs for food, clothing or shelter. (Welfare & Institutions Code section 5008(h)(1)(A).(2)) Proposed Definition: A condition in which a person, as a result of a mental disorder (or impairment by chronic alcoholism), is unable to provide for his (or her) basic personal needs for food, clothing, shelter or medical needs.
- Q2** Assessment of physical health needs under the proposed definition must be conducted by a licensed physician over a meaningful course of monitoring and attempting to engage in treatment.
- Q4** The physical health condition must be such that the individual is not capable of safely surviving in freedom with the help of willing and responsible family members, friends or third parties.
- Q3** The nature of the individual's physical health need(s) must be visibly apparent, progressing, and at predictable risk of becoming life/limb threatening.

DIFFICULTY	AVERAGE SCORE
1	100%
1	100%
1	100%
1	100%

Q1 Current Definition: A condition in which a person, as a result of a mental disorder (or impairment by chronic alcoholism), is unable to provide for his (or her) basic personal needs for food, clothing or shelter.

(Welfare & Institutions Code section 5008(h)(1)(A),(2)) Proposed Definition: A condition in which a person, as a result of a mental disorder (or impairment by chronic alcoholism), is unable to provide for his (or her) basic personal needs for food, clothing, shelter or medical needs.

Answered: 47 Skipped: 0



QUIZ STATISTICS

Percent Correct
100%

Average Score
1.0/1.0 (100%)

Standard Deviation
0.00

Difficulty
1/4

ANSWER CHOICES

SCORE

RESPONSES

Agree
Disagree

1:1
1:1

82.98%
17.02%

39
8
47

TOTAL

#	COMMENT:	DATE
1	too broad, also where and how would all these folks be cared for with the serious shortage of facilities?	12/15/2017 5:53 PM
2	California policy is currently that "autonomy is king" with medical decisions. People are free to make their own medical decisions, even if their medical decisions are illogical or dangerous. We therefore should not be locking up people for making poor medical decisions - other California statutes and policies would need to be changed first.	12/7/2017 4:40 PM
3	Attending to medical needs of the severity necessary to meet the proposed standards would require the consent of the individual. If they are not consenting to the offering of care at this stage, what makes you think you will be able to secure their consent for medical procedures? Or, are you suggesting that placing someone on a LPS hold would negate the requirement that the person on the hold would have to consent to medical procedures - that would be a scary proposition.	12/7/2017 1:30 PM
4	This runs the risk of being used (even more than it already is now) to detain individuals who disagree with the doctor's proposed course of medical treatment, effectively turning a psychiatric hold into a medical hold, and further reducing the freedom of individuals (especially those with a psychiatric diagnosis) to self-determine their own medical care.	12/6/2017 7:38 PM

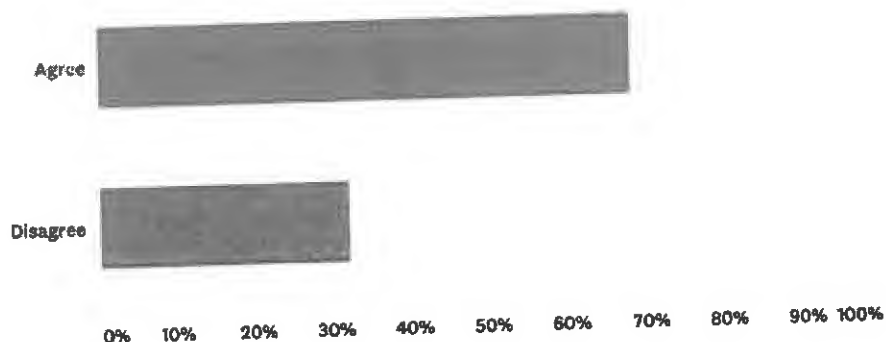
Grave Disability Definition

SurveyMonkey

5	The exclusion of medical needs in this definition makes no sense. Critically needed.	12/6/2017 1:28 PM
6	Most mentally ill homeless have no idea how ill they are and to what degree they need medical attention.	12/5/2017 7:40 PM
7	If all above are so would medical!	12/5/2017 5:32 PM
8	There should have been an option for "Not Sure." There are far too many questions regarding implementation and funding to give an answer.	12/4/2017 3:41 PM
9	I am hesitant to continue including alcoholism as there is no way to mandate someone to SUD tx	12/4/2017 1:36 PM
10	this may include a very large additional group of people	12/4/2017 1:34 PM
11	This makes sense as long as mental health departments are made responsible for ensuring that the person receives the needed medical care, thereby expanding the scope of services provided by mental health.	12/1/2017 6:34 PM
12	this would help us provide care for people who are generally able to care for themselves, but are delusional about their eating disorder, need for cancer treatment, or other serious health risks -- with mental health treatment the delusion beliefs could be properly dealt with and the person would then likely consent to care.	12/1/2017 2:02 PM
13	Lack of insight into the need to get medical care seems to be a large contributor to early death in consumers with SMI.	11/30/2017 2:05 PM
14	Could it say physical and/or mental health needs? Perhaps medical needs?	11/29/2017 10:44 PM

Q2 Assessment of physical health needs under the proposed definition must be conducted by a licensed physician over a meaningful course of monitoring and attempting to engage in treatment.

Answered: 47 Skipped: 0



QUIZ STATISTICS

Percent Correct
100%

Average Score
1.0/1.0 (100%)

Standard Deviation
0.00

Difficulty
1.4

ANSWER CHOICES

Agree
Disagree

SCORE

1.0
1.0

RESPONSES

68.09%
31.91%

32
15
47

TOTAL

#	COMMENT:	DATE
1	too intrusive in peoples rights with the fear this could venture into every private citizens lives,,, too much government in peoples lives	12/15/2017 5:53 PM
2	Doesn't seem practical - physicians won't go where they need to be.	12/7/2017 1:30 PM
3	I do not agree or disagree. This is too broad. See above for concerns about how this proposed definition would be used.	12/6/2017 7:38 PM
4	The "attempt to engage in treatment" is only valid if there are a range of choices for the individual so that the burden of engaging is placed on system of care to offer true alternatives.	12/6/2017 6:02 PM
5	I might be challenging for a licensed physician to conduct in timely fashion in all locations so suggest expanding to NP's and possibly RN's.	12/6/2017 1:28 PM
6	Other trained and educated health care professionals can make those assessments.	12/6/2017 9:29 AM
7	To get a clear understanding of actual needs globally	12/5/2017 5:32 PM
8	What about FNP's, for example working under a Physician license?	12/5/2017 12:11 PM
9	This language is ambiguous. Definition of "meaningful"?	12/5/2017 10:39 AM

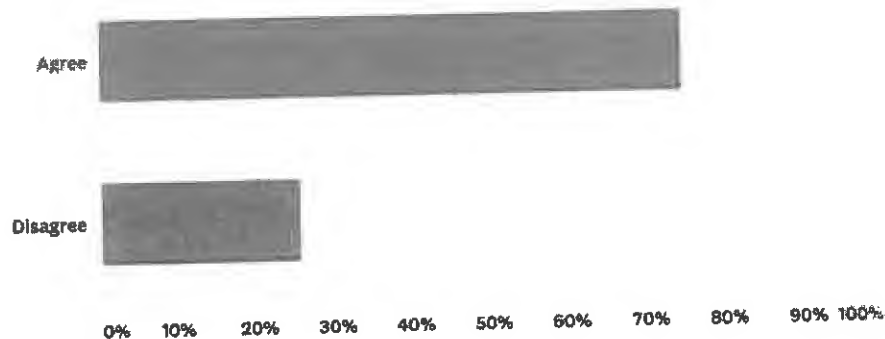
Grave Disability Definition

SurveyMonkey

10	Currently the LPS Act is mostly silent on the issue of medical consent for physical health care. When there is a need for intrusive medical treatment a separate court order is necessary. Will being gravely disabled lead to a finding that the person lacks the ability to give informed consent for physical health? On a one time basis or are we looking for that to be the finding for the entire conservatorship? Will the process be similar to the Probate Conservatorship process and a general finding that the conservatee lacks consent based on a capacity declaration?	12/4/2017 3:41 PM
11	*under reasonable circumstances	12/4/2017 3:20 PM
12	Would be needed if change was made	12/4/2017 1:34 PM
13	Needs to state Nurse Practitioners or other qualified medical professional.	12/2/2017 2:19 PM
14	May be difficult to determine over a course and the needs are more imminent. Also, sometimes a physical health need can be assessed by a non physician clinician.	12/1/2017 7:28 PM
15	do you want to include NP's and PA's here? (I'm thinking of rural areas and skilled nursing facilities where allied health providers are primary care providers)	12/1/2017 2:02 PM
16	Physical health needs are often obvious to a clinician, case manager, LPT, NP, PA who could also report the physical health need and the consumer's inability to understand or consent to medical treatment.	11/30/2017 2:05 PM
17	"meaningful course" implies multiple visits/encounters with a patient. this needs to be more clearly defined. Think of an emergency room doctor needing to treat an actively psychotic patient refusing treatment for a life saving physical ailment (lets say sepsis from a foot wound) because they feel the doctor works for the FBI and is implanting a tracking device.	11/30/2017 10:42 AM
18	Proposed language eliminates possibility of care by nurse practitioner or other professional. "Meaningful course of monitoring and attempting to engage in treatment" is too vague and could be interpreted to require too long a time period to meet. Many patients may need care sooner.	11/30/2017 4:02 AM
19	In order for this assessment to occur wouldn't it require some form of institutionalization or hospitalization? What if the person is simply homeless, but hasn't committed any offense are we proposing to forcibly detain them?	11/29/2017 9:10 PM

Q3 The nature of the individual's physical health need(s) must be visibly apparent, progressing, and at predictable risk of becoming life/limb threatening.

Answered: 47 Skipped: 0



QUIZ STATISTICS

Percent Correct 100%	Average Score 1.0/1.0 (100%)	Standard Deviation 0.00	Difficulty 1/4
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ANSWER CHOICES	SCORE	RESPONSES	
<input checked="" type="radio"/> Agree	1/1	74.47%	35
<input type="radio"/> Disagree	1/1	25.53%	12
TOTAL			47

#	COMMENT:	DATE
1	depends on the beneficiary and their beliefs, not the physician or evaluator.	12/15/2017 5:53 PM
2	Not sure if an tool is needed for standardization - may be too vague	12/8/2017 5:13 PM
3	"Visibly apparent" seems too restricting. For example, atrial fibrillation is invisible but has a "predictable risk" of being life threatening. Also, "predictable risk" is quite vague. Uncontrolled diabetes has a predictable risk of causing amputation, but it could take decades to do so.	12/7/2017 4:40 PM
4	I disagree with the expansion of LPS criteria. The means already exist through LPS under LPS conservatorship - a better course of action would be to adequately fund the Public Guardian's office.	12/7/2017 1:30 PM
5	"Predictable risk" is too vague, and will encourage physicians to speculate/extrapolate otherwise non-emergent situations to fit this new definition. Suggest "imminent risk" instead of "predictable risk." (See above for concerns about how this proposed definition would be used.)	12/6/2017 7:38 PM
6	Why only visibly apparent? That would exclude many (likely most) life threatening conditions.	12/6/2017 1:28 PM
7	Not always visible!	12/5/2017 5:32 PM
8	I worry about the interpretation of visibly apparent. I think that could be omitted.	12/5/2017 11:26 AM
9	Not all physical health needs are visible.	12/2/2017 2:19 PM
10	This sounds good, but is it too vague? How do you define "progressing" if you don't know the person? That is, can you determine "grave disability" without knowing a history?	12/1/2017 6:22 PM

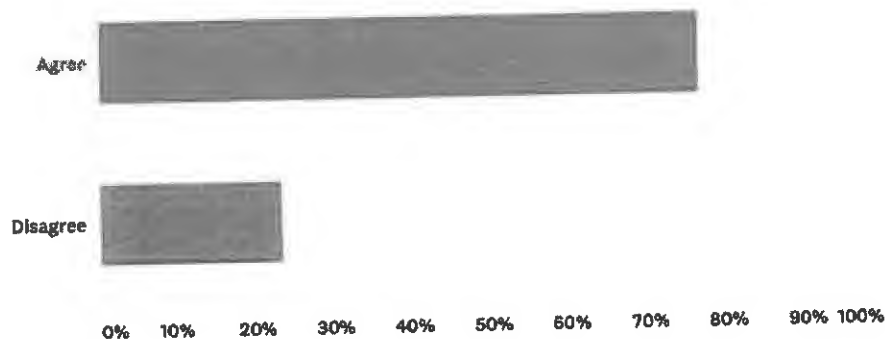
Grave Disability Definition

SurveyMonkey

11	brain cancer isn't visibly apparent, and neither are some other physical health needs, so I might want to remove the word "visibly" -- not sure why that is needed.	12/1/2017 2:02 PM
12	I would say "and/or" because not all are visible to the eye but may be known about such as untreated cancer.	11/30/2017 2:05 PM
13	"visibly apparent" implies can be seen - what about lab results - again lets says sepsis or a toxic lab value. needs to be better defined	11/30/2017 10:42 AM
14	Why "visibly apparent?" Diabetes, high blood pressure, and myriad other conditions that definitely require treatment are not visibly apparent. In addition, a condition may be very serious and damaging without "progressing" - why be forced to wait until it progresses.	11/30/2017 4:02 AM

Q4 The physical health condition must be such that the individual is not capable of safely surviving in freedom with the help of willing and responsible family members, friends or third parties.

Answered: 47 Skipped: 0



QUIZ STATISTICS

Percent Correct 100%	Average Score 1.0/1.0 (100%)	Standard Deviation 0.00	Difficulty 1/4
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ANSWER CHOICES

SCORE

RESPONSES

Agree	1.1	76.80%	36
Disagree	1.1	23.40%	11
TOTAL			47

#	COMMENT:	DATE
1	too much power in providers hands..	12/15/2017 5:53 PM
2	Too broad even though intent is good. Hard to measure.	12/8/2017 5:13 PM
3	I disagree w/ the expansion of LPS criteria. The means already exist through LPS under LPS conservatorship - a better course of action would be to adequately fund the Public Guardian's office.	12/7/2017 1:30 PM
4	This wording at least limits the proposed definition to situations where survival is at stake. Better, but still capable of overly-broad interpretation. A nexus between the mental disorder and the specific decision(s) surrounding the physical health condition should be required.	12/6/2017 7:38 PM
5	I am concerned about the subjectivity of this judgment. The availability of relevant service, support system assistance has a lot to do with whether an individual is perceived as capable of "surviving in freedom."	12/6/2017 6:02 PM
6	Except with the word "freedom"	12/5/2017 5:32 PM
7	Change "in freedom" to "independently".	12/5/2017 10:39 AM
8	I don't understand this statement	12/4/2017 6:19 PM
9	I disagree with the comment of safely surviving in "freedom." The Welfare and Institutions code allows for the release of an involuntary patient if they can survive safely but does not put it in the context of a person's constitutional right to self determination or the rights to be in the least restrictive environment which may mean an open setting. I find the reference to freedom concerning as we should not be considering grave disability in the context of a person's freedom.	12/4/2017 3:41 PM

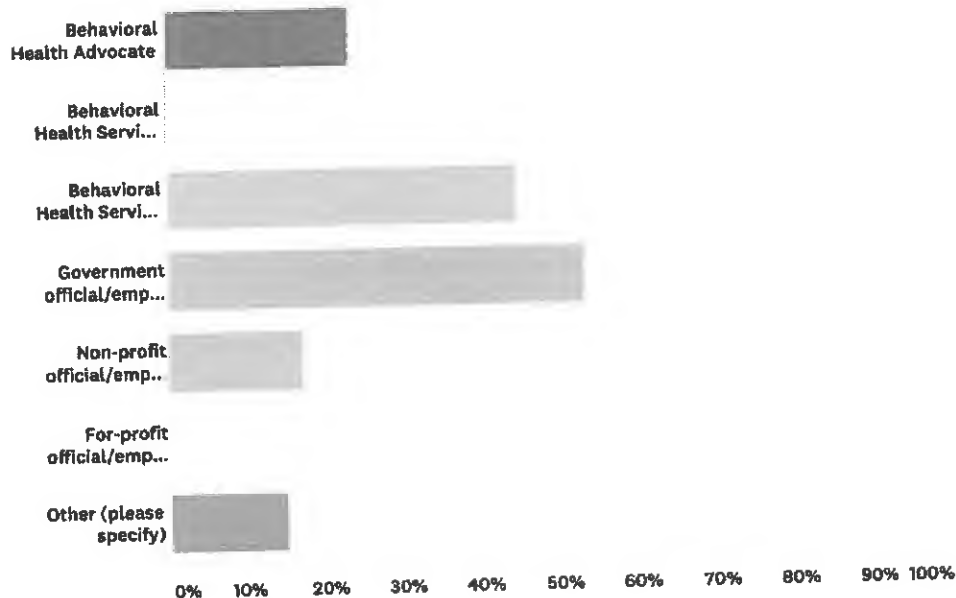
Grave Disability Definition

SurveyMonkey

10	I think the bolded section isn't clear in terms of intent? safely surviving in freedom...not clear.	12/4/2017 1:36 PM
11	Agree, although confusing here I feel (may be I am reading it incorrectly). It is usually that a person is not capable of safely surviving in freedom without the help, but would be, with the help of someone (provider, friend), and the goal is then to get the person urgently connected and all. But, yes, also there are times that with the help of willing person, it is not enough and the person is still in need of support for safely surviving due to the health condition.	12/1/2017 7:28 PM
12	The greatest concern is where to place these individuals. We have had clients with severe and chronic physical health disabilities that could not be placed anywhere because the available facilities d'd not have the ability to deal with both physical health and mental health conditions.	12/1/2017 6:34 PM
13	"in freedom" makes it sound like we're hoping to jail people. I don't like this and don't see why it is relevant. Health decisions are not left to family, friends or third parties and I think this takes the discussion in the wrong direction.	12/1/2017 2:02 PM
14	I'm a little unsure of this meaning.	11/30/2017 2:05 PM
15	not sure you need "In freedom"	11/30/2017 10:42 AM
16	Every individual is capable of safely surviving in freedom with the help of willing and able responsible family, friends, or third parties. The problem is that many don't have willing and able family, friends or third parties. If what you mean is that the individual will not be considered to be gravely disabled for failing to provide for necessary health care if he or she has a responsible third party to help, then say that. O	11/30/2017 4:02 AM

Q5 Please describe your relationship to the mental health service delivery system (please check all that apply):

Answered: 47 Skipped: 0



ANSWER CHOICES		RESPONSES	
Behavioral Health Advocate		23.40%	11
Behavioral Health Services recipient		0.00%	0
Behavioral Health Services provider		44.68%	21
Government official/employee		53.19%	25
Non-profit official/employee		17.02%	8
For-profit official/employee		0.00%	0
Other (please specify)		14.89%	7

Total Respondents: 47

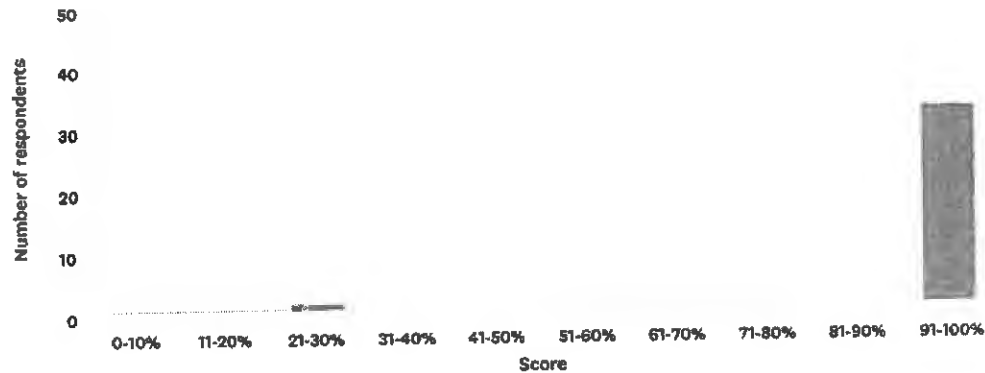
#	OTHER (PLEASE SPECIFY)	DATE
1	law enforcement	12/5/2017 7:40 PM
2	Loss prevention/risk management consultant	12/5/2017 7:23 PM
3	Parent of autistic adult with MH & behavior disorder & board member State Council for Developmental Disabilities	12/5/2017 5:32 PM
4	Community BH Director	12/4/2017 10:18 PM
5	BH Provider who does policy work in the Department of Corrections	12/4/2017 1:34 PM
6	APS employee also	12/4/2017 11:29 AM
7	loss prevention specialist/risk manager	12/1/2017 2:02 PM

Grave Disability Definition Survey

Quiz Summary

AVERAGE SCORE

98% • 3.9/4 PTS



STATISTICS

Lowest Score
25%

Median
100%

Highest Score
100%

Mean: 98%

Standard Deviation: 13%

Question Ranking

QUESTIONS (4)

Q3 The nature of the individual's physical health need(s) must be apparent, progressing, and at predictable risk of becoming life/limb threatening.

Q2 Assessment of physical health needs under the proposed definition must be conducted by a licensed physician over a meaningful course of monitoring and attempting to engage in treatment.

Q4 Due to a mental illness, the individual is not capable of surviving safely without the help of immediate medical attention for a serious and active physical health condition.

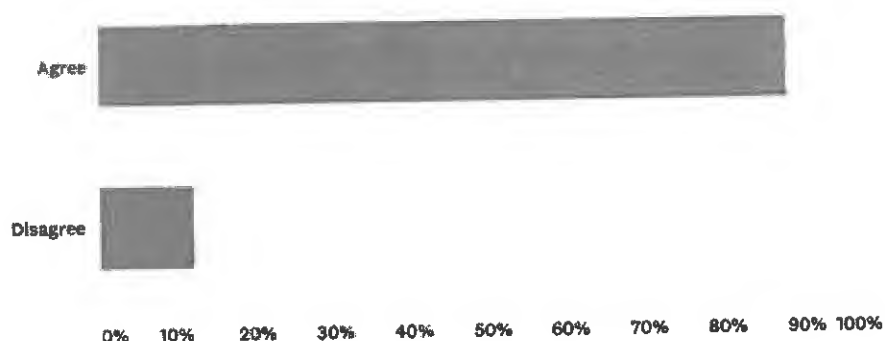
Q1 Current Definition: A condition in which a person, as a result of a mental disorder (or impairment by chronic alcoholism), is unable to provide for his (or her) basic personal needs for food, clothing or shelter. (Welfare & Institutions Code section 5008(h)(1)(A),(2)) Proposed Definition: A condition in which a person, as a result of a mental disorder (or impairment by chronic alcoholism), is unable to provide for his (or her) basic personal needs for food, clothing, shelter or medical needs.

DIFFICULTY	AVERAGE SCORE
1	100%
1	100%
1	100%
2	100%

Q1 Current Definition: A condition in which a person, as a result of a mental disorder (or impairment by chronic alcoholism), is unable to provide for his (or her) basic personal needs for food, clothing or shelter.

(Welfare & Institutions Code section 5008(h)(1)(A),(2)) Proposed Definition: A condition in which a person, as a result of a mental disorder (or impairment by chronic alcoholism), is unable to provide for his (or her) basic personal needs for food, clothing, shelter or medical needs.

Answered: 13 Skipped: 0



QUIZ STATISTICS

Percent Correct
100%

Average Score
1.0/1.0 (100%)

Standard Deviation
0.00

Difficulty
1/4

ANSWER CHOICES

SCORE

RESPONSES

✓ Agree
Disagree

1/1
1/1

87.88%
12.12%

29
4
33

TOTAL

#	COMMENT:	DATE
1	Medical needs provides whole person care / I think they need to get rid the word alcoholism and put substance abuse ,addiction or something broader than alcohol.	12/26/2017 7:56 PM
2	Does this specifically include other substance abuse impairment as well?	12/23/2017 12:22 PM
3	The proposed definition meet the needs of those that are currently facing many more conditions that are brought on by today's society. The old definition is so outdated that it does not help those that are in dire need today.	12/22/2017 4:26 PM
4	short & sweet.....	12/21/2017 10:42 PM
5	medical needs is too broad, should be narrowed to physical health needs resulting in putting the person in danger of serious harm	12/19/2017 8:18 PM
6	We need to add the degenerative impact drug use on the mental stability of some users.	12/19/2017 7:05 PM
7	Would this include medication or medication management?	12/19/2017 6:38 PM
8	What about impairment resulting from drug addiction?	12/19/2017 6:37 PM

Grave Disability Definition Survey

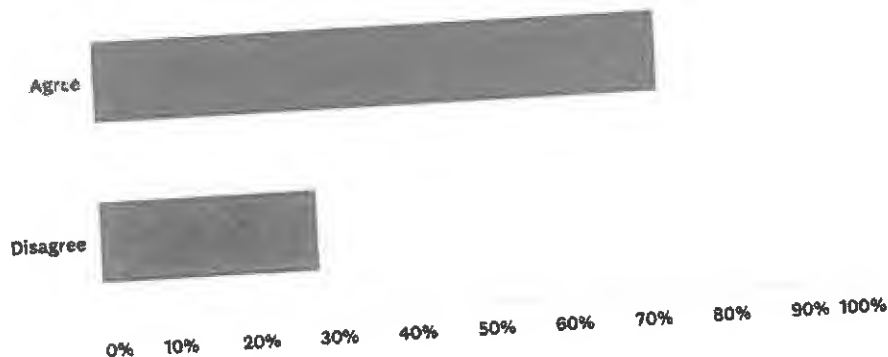
SurveyMonkey

9	I would suggest some language around personal safety issues. Many are women whose behaviors put them at risk for violence and sexual assault.	12/19/2017 1:31 PM
10	The ability to comment is made difficult by this format. I have observed a pattern of Court 95 A not considering chronic alcoholism or drug addiction as a reason to grant Conservatorship. First, I recommend that chronic alcoholism and other drug dependent disorders be in this definition. Also, I recommend that there be training for judges, PDs, Psychiatrists and all involved to understand this inclusion.	12/19/2017 10:50 AM
11	I have seen this deterioration of a family member and has frequently not been deemed to meet the current definition. The proposed definition would much more useful in trying to help him with his mental illness, particularly as he is currently homeless because of the illness.	12/19/2017 9:57 AM

Grave Disability Definition Survey

Q2 Assessment of physical health needs under the proposed definition must be conducted by a licensed physician over a meaningful course of monitoring and attempting to engage in treatment.

Answered: 32 Skipped: 1



QUIZ STATISTICS

Percent Correct
97%

Average Score
1.0/1.0 (100%)

Standard Deviation
0.00

Difficulty
1/4

ANSWER CHOICES

Agree
Disagree

SCORE

1/1
1/1

RESPONSES

71.88%
28.13%

23
9
32

TOTAL

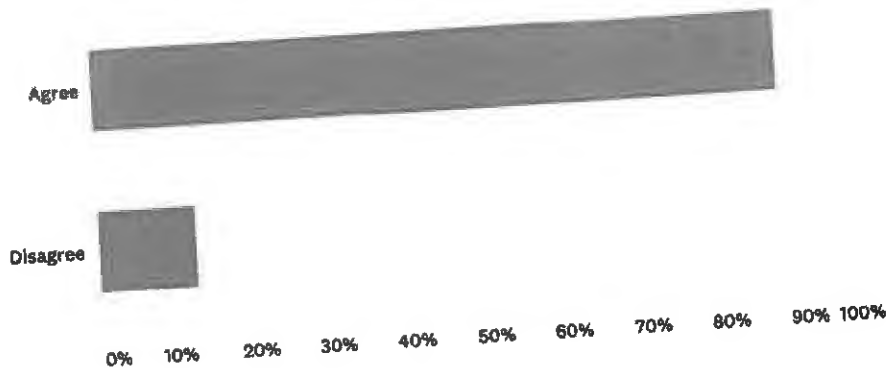
DATE

#	COMMENT:	DATE
1	Why not include other licensed medical professionals? Seems would need to for this to work.	12/22/2017 9:10 PM
2	Should not be limited to licensed physician, but expanded to include other licensed health care providers (ex. licensed nurse practitioner), who may be more readily accessible to a more transient (ex. homeless) community.	12/22/2017 6:36 PM
3	Physicians are not out in the field so this will block the majority of efforts to get a person on 5150 status. Some of these people are dying on the street.	12/22/2017 5:36 PM
4	There are MANY times when it is obvious to a non medical staff member that there is an urgent medical need that will not be addressed without intervention, and slowing the process down is dangerous.	12/22/2017 1:51 PM
5	good oversight.....	12/21/2017 10:42 PM
6	You must add a license psychiatrist to determine mental stability to address normal human needs.	12/19/2017 7:05 PM
7	"Over a meaningful course of monitoring" lacks clarity of measurable decision making.	12/19/2017 6:38 PM
8	Would this also include Nurse Practitioners?	12/19/2017 1:31 PM
9	Also, the family's historical information must be considered.	12/19/2017 10:50 AM
10	Yes I totally agree with this.	12/19/2017 9:57 AM

Grave Disability Definition Survey

Q3 The nature of the individual's physical health need(s) must be apparent, progressing, and at predictable risk of becoming life/limb threatening.

Answered: 32 Skipped: 1



QUIZ STATISTICS

Percent Correct
97%

Average Score
1.0/1.0 (100%)

Standard Deviation
0.00

Difficulty
1.4

ANSWER CHOICES

- ☐ Agree
☐ Disagree

SCORE

1.0

1.0

RESPONSES

87.50%

12.50%

28

4

32

TOTAL

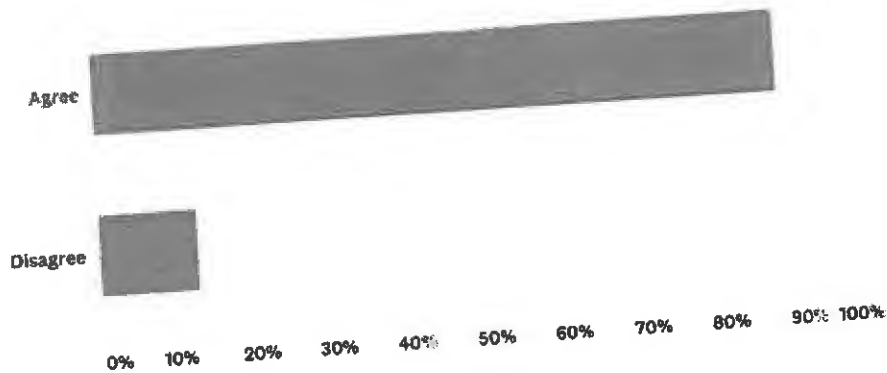
DATE

#	COMMENT:	DATE
1	Cancer? Diabetes? Not so apparent but life threatening.	12/22/2017 9:10 PM
2	well said...	12/21/2017 10:42 PM
3	Would suggest use of word "deteriorating" as opposed to "progressing".	12/19/2017 6:38 PM
4	What if it's not progressive disease or disorder? Does it have to include all of the above factors?	12/19/2017 6:37 PM
5	I object to must be apparent. Also, to whom must it be apparent?	12/19/2017 1:31 PM
6	Again, include family's documentation.	12/19/2017 10:50 AM
7	However, it is not always easy to witness the above if an individual is homeless. How can you see this if they do not live somewhere where they can be observed?	12/19/2017 9:57 AM

Grave Disability Definition Survey

Q4 Due to a mental illness, the individual is not capable of surviving safely without the help of immediate medical attention for a serious and active physical health condition.

Answered 32 Skipped 1



QUIZ STATISTICS

Percent Correct
97%

Average Score
1.0/1.0 (100%)

Standard Deviation
0.00

Difficulty
1.4

ANSWER CHOICES

Agree

Disagree

SCORE

1.0

1.1

RESPONSES

87.50%

12.50%

28

4

32

TOTAL

DATE

12/26/2017 7:56 PM

12/21/2017 10:42 PM

12/19/2017 6:38 PM

12/19/2017 10:50 AM

#

COMMENT:

State law should be expanded to include medical needs. For example: Someone was so impaired that they were unable to go to dialysis and ended up dying because of untreated medical needs. and medical emergency attention ASAP....

I'm wondering about the word "attention", thinking "intervention" might be more appropriate.

Due to a mental illness, including chronic alcoholism and drug dependence.

1

2

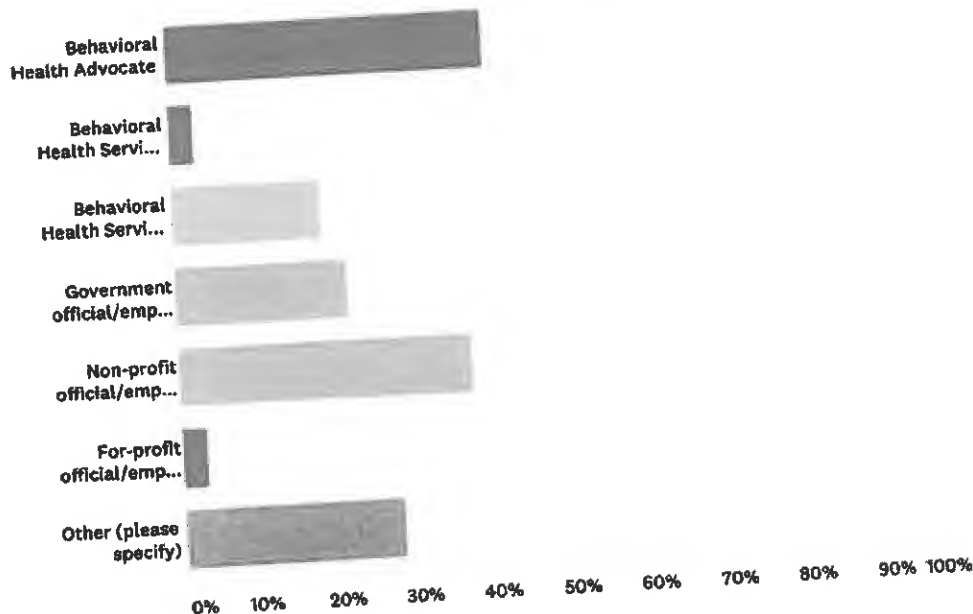
3

4

Grave Disability Definition Survey

Q5 Please describe your relationship to the mental health service delivery system (please check all that apply):

Answered: 32 Skipped: 0



ANSWER CHOICES

Behavioral Health Advocate

Behavioral Health Services recipient

Behavioral Health Services provider

Government official/employee

Non-profit official/employee

For-profit official/employee

Other (please specify)

RESPONSES

40.63%

3.13%

18.75%

21.88%

37.50%

3.13%

28.13%

13

1

6

7

12

1

9

Total Respondents: 32

DATE

12/26/2017 10:52 PM

12/26/2017 7:58 PM

12/22/2017 4:28 PM

12/21/2017 10:42 PM

12/19/2017 7:05 PM

12/19/2017 6:38 PM

12/19/2017 6:37 PM

12/19/2017 9:57 AM

- # OTHER (PLEASE SPECIFY)
- 1 Volunteer
 - 2 Los Angeles County, Health Agency - Mental Health current consumer
 - 3 Former client, presently a volunteer with LACDMH, Peer Advocate, etc.
 - 4 MH community advocate & organizer
 - 5 Community and client advocate
 - 6 Volunteer LACDMH
 - 7 Retired CEO of a mental health contract agency.
 - 8 Chair of the Executive Board - Faith Based Advocacy Council

Grave Disability Definition Survey

8

Consumer

SurveyMonkey

12/19/2017 9:39 AM

Q6 Any additional comments? And thanks so much for your time and input on this vital topic!

Answered: 14 Skipped: 0

#	RESPONSES	DATE
1	When, How, and Where will these results be publicly available? Thank you for your time and consideration on this topic and being open-minded to include feedback from others who are also interested. National Consumer Motto: "Nothing About Us Without Us"	12/26/2017 10:52 PM
2	Thank you, for the opportunity as an end user of service to participate. Reba Stevens	12/26/2017 7:56 PM
3	Sometimes people are danger to self because they don't have insight into their need for help. The physical need may not be obvious or they may not have one. But the psychiatric need is great and the person is blocked by his illness (say paranoia) from accepting help. As a result they do not eat properly and are exposed to the elements for extended periods of time, greatly deteriorating their health.	12/22/2017 5:36 PM
4	Change with service deliverance in the Black & Brown Community is so much needed to keep up with times.	12/22/2017 4:26 PM
5	Although persons with physical health issues are entitled to health care at times may lead to a permanent or temporary disability. If alcoholism is addictive how does it compare to mental illness, a disorder in some circumstances can not be changed. In some aspects this survey puts mental illness and alcoholism in the same category. A decision to stop drinking can suspend the addiction to alcoholism but some mental disorders are not capable of suspending the effects of mental illness. I am just curious about the connection between addiction and disorder.	12/22/2017 2:55 PM
6	I think this would be a very helpful and relevant change to the code.	12/22/2017 1:51 PM
7	I believe assessing and adding the health risk, will assist in those individuals, who have a lack of insight into their condition	12/22/2017 1:49 PM
8	Gracias, Ricardo Pulido Nami/LAC Ed. Coord. 310-567-0748 rick@namilaccc.org contact me if you need more insight!.....rp	12/21/2017 10:42 PM
9	This is an important issue and we need to get it Wright.	12/19/2017 7:05 PM
10	I believe the junction between mental health and physical health must be addressed concurrently in order to achieve the best overall outcomes.	12/19/2017 6:38 PM
11	Sometimes the more specific you are in the definition of what qualifies as a mental health disorder and a need for care the more different areas are identified as missing in the definition.	12/19/2017 6:37 PM
12	Review requirements for court appearance by attending physician from Psychiatric Hospital.	12/19/2017 1:31 PM
13	Co-occurring Disorders must be addressed in all the above. Research, training and treatment are critical.	12/19/2017 10:50 AM
14	It should be easier for family members of someone with a mental illness to get help for their family member. There are many wonderful services offered, but not enough people to provide them, and also not easy to know where to find them. It should be easier for law enforcement to connect with Dept of Mental Health. The jails should not be filled with people who have a mental illness - as this is the only recourse that law enforcement has. Can there not be a better solution found for people who are not a danger to the public but nevertheless can be annoying - other than arresting or giving citations for them to show up in court? Most people don't even know that they have to show up, and then have a bench warrant issued for their arrest. I wonder if there could be a better way of attending these issues - all connected to Section 5008	12/19/2017 9:57 AM



State Standards Charts for Assisted Treatment Civil Commitment Criteria and Initiation Procedures by State

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Introduction

This document contains critical state-by-state information about civil commitment laws and criteria for inpatient and outpatient treatment, emergency hospitalization for psychiatric evaluation, and initiating proceedings for court-ordered intervention in a mental health emergency.

Each chart may also be found as an individual document under [LEGAL RESOURCES](#) on the Treatment Advocacy Center site.

While we hope you find this document helpful, please note that the charts summarize only the most crucial provisions of the pertinent statutes for each state. This information does not constitute legal advice and should not be relied upon as a substitute for seeking legal counsel.

Assisted Psychiatric Treatment Inpatient and Outpatient Standards by State

The following chart captures the most essential information about the laws for inpatient and outpatient assisted treatment in each state - court-ordered treatment for symptoms of severe mental illness.

Please note that while this chart contains much of each standard's actual language, it summarizes only the most crucial provisions of the pertinent statutes for each state. This information does not constitute legal advice and should not be relied upon as a substitute for seeking legal counsel.

KEY TO CHART TERMS

"Need for treatment" - states whose civil commitment standards include a "need for treatment." "Gravely disabled" standards authorize court-ordered treatment when inability to access food, shelter or other basics was judged to imperil physical safety. States where "gravely disabled" standards have been broadened to incorporate, at a minimum, the inability to make informed medical decisions or to seek psychiatric care are indicated below with an x in the "need-for-treatment" column. Twenty-seven states and the District of Columbia currently have "need-for-treatment" standards.

Assisted outpatient treatment (AOT) - states that authorize court-ordered outpatient treatment, also known as "assisted

treatment," "AOT," and by other names, depending on the state. States that only authorize assisted outpatient treatment as a condition of release from court-ordered hospitalization are *not* classified as states with AOT. Forty-four states have laws for assisted outpatient treatment; far fewer make effective use of those laws. States with AOT laws are indicated with an x.

Relevant code sections - sections where each state's civil commitment standards can be found. Statutory language is provided in "State Standards for Assisted Treatment - Civil Commitment Criteria for Psychiatric Inpatient or Outpatient Intervention by State."

Standard - key elements of each state's requirement(s) for court-ordered treatment for symptoms of mental illness

Assisted Psychiatric Treatment: Inpatient and Outpatient Standards by State

State	Need for ¹ treatment	AOT ²	Relevant code sections	Standard ³
AL	X	X	ALA. CODE § 22-52-10.4 § 22-52-10.2	Inpatient: A real and present danger to self/others, without treatment will continue to suffer mental distress and deterioration of ability to function independently, and unable to make a rational and informed decision concerning treatment. Outpatient: Without treatment will continue to suffer mental distress and deterioration of the ability to function independently and the respondent is unable to make a rational and informed decision concerning treatment.
AK	X	X	ALASKA STAT. § 47.30.755 § 47.30.915(7), (10)	Inpatient and Outpatient: (1) Danger to self/others, (2) in danger from inability to provide basic needs for food, clothing, shelter, or personal safety, or (3) without treatment will suffer severe and abnormal mental, emotional, or physical distress causing deterioration of ability to function independently
AZ	X	X	ARIZ. REV. STAT. § 36-540(A) § 36-501(5), (6), (16), (33)	Inpatient and Outpatient: (1) Danger to self/others; (2) in danger from inability to provide basic physical needs; or (3) likely to suffer severe and abnormal mental emotional or physical harm without treatment, likely to benefit from treatment, and substantially impaired capacity to make informed decisions regarding treatment.
AR	X	X	ARK. CODE ANN. § 20-47-207(c)	Inpatient and Outpatient: (1) Clear and present danger to self/others, (2) recent behavior or behavior history demonstrates that he/she so lacks the capacity to care for own welfare that there is a reasonable probability of death, serious bodily injury, or serious physical or mental debilitation, or (3) impaired understanding of need for treatment to point that is unlikely to needs treatment to prevent release or deterioration, AND prior noncompliance a factor in placement in a psychiatric hospital, prison, or jail at least two (2) times in last forty-eight (48) months or a factor in committing one (1) or more acts, attempts, or threats of serious violent behavior in last forty-eight (48) months

¹ Any standard which, at a minimum, allows for the treatment of individuals based on the likelihood of serious mental harm or impairment due to a lack of treatment.
² Assisted outpatient treatment (also known as "outpatient commitment," "involuntary treatment," "mandatory treatment," "court-ordered treatment" and by other terms, depending on the state)
³ Excludes some common or less important criteria, i.e. has mental illness, is 18 years old, services available, etc.

State	Need for treatment	AOT	Relevant code sections	Standard
CA		4	CALIF. WELF. & INST. CODE § 5250; § 5008(h)(1); § 5346(a)	Inpatient: (1) Danger to self/others or (2) unable to provide for basic personal needs for food, clothing, or shelter. Outpatient: Condition likely to substantially deteriorate, unlikely to survive safely in community without supervision, history of noncompliance which includes two hospitalizations in past 36 months or act/threat/attempt of violence to self/others in 48 months immediately preceding petition filing, likely needs to prevent meeting inpatient standard, and likely to benefit from assisted treatment.
CO	X	X	COLO. REV STAT § 27-65-11(1); § 27-65-102(9)	Inpatient and Outpatient: (1) Danger to self/others, (2) in danger of serious physical harm due to inability to provide essential human needs of food, clothing, shelter, and medical care, (3) cannot manage resources or conduct social relations so that health or safety significantly endangered and lacks capacity to understand this is so; or (4) criteria allowing for those in need of care of because of pending loss of support of a relative who is a caregiver
CT			CONN. GEN. STAT. ANN. § 17a-498(c) § 17a-495(a)	Inpatient: (1) Danger to self/others or (2) in danger of serious harm from inability to provide for basic needs such as essential food, clothing, shelter or safety and unable to make a rational and informed decision concerning treatment.
DE		X	DEL. CODE ANN. tit 15, § 5001(c) tit 16 § 5010	Inpatient and Outpatient: Real and present danger to self/others/property, in need of treatment, and unable to make responsible decisions with respect to hospitalization
DC		X	D.C. CODE ANN. § 21-545(b)	Inpatient and Outpatient: Danger to self/others.
FL		X	FLA STAT. ANN. § 394.467(1) § 394.485(1)	Inpatient: Unable or refuses to make responsible decisions with respect to voluntary placement for treatment AND either (1) without treatment, incapable of surviving alone or with the help of willing family or friends, and likely to suffer from neglect or refuse to care for himself/herself that will pose a real and present threat of substantial harm to well-being OR (2) danger to self/others, as evidenced by recent behavior Outpatient: Unlikely to survive safely in community without supervision, history of noncompliance which includes two hospitalizations in past 36 months or act/threat/attempt of violence to self/others in 36 months immediately preceding petition filing, unlikely to voluntarily participate, needs in order to prevent relapse or deterioration likely to result in serious harm to self/others and likely to benefit from assisted treatment
GA	X	X	GA. CODE ANN. § 37-3-1(9.1) § 37-3-1(12.1)	Inpatient: In need of involuntary treatment AND (1) imminent danger to self/others, evidenced by recent overt acts or expressed threats of violence OR (2) unable to care for physical health and safety so as to create an imminently life-endangering crisis and in need of involuntary treatment Outpatient: Based on treatment history or current mental status, requires outpatient treatment in order to avoid predictably and imminently becoming an inpatient and unable to voluntarily seek or comply with outpatient treatment.
HI	X	X	HAW REV STAT § 334-86.2 § 334-121 § 334-1	Inpatient: In need of treatment AND either (1) imminent danger to self/others, including that of substantial emotional injuries to others, OR (2) unable to provide for basic personal needs for food, clothing, or shelter, unable to make or communicate rational decisions concerning personal welfare, and lacking the capacity to understand that this is so, OR (3) behavior and previous history indicate a disabling mental illness and unable to make rational decisions concerning treatment Outpatient: Either previous inpatient hospital treatment for a severe mental disorder or substance abuse OR previously been imminently dangerous to self/others OR meets no 2, above AND capable of surviving safely in the community with available supervision; based on the treatment history and current behavior, treatment is needed to prevent deterioration predictably resulting in imminent danger to self/others, unable to make a rational decision concerning treatment, and outpatient treatment ordered is likely to be beneficial

⁴ Separate outpatient standard only available in counties that have adopted provisions established by Assembly Bill 1421 (2002) (a.k.a. Laura's Law); otherwise mandated outpatient treatment only permitted via conservatorship process.

ID	X	X	IND. CODE ANN. § 66-329(11) § 66-377(11), (12), (13)	Inpatient and Outpatient: (1) Danger to self/others or (2) lacks insight, unwilling/unable to comply with treatment, and risk of deterioration in future to danger to self/others (3) in danger of serious physical harm due to inability to provide for basic needs for nourishment, essential medical care, or shelter or safety, or (4) lacks insight, unwilling/unable to comply with treatment, and risk of deterioration in future to being in danger of serious physical harm due to inability to provide for basic needs for nourishment, essential medical care, or shelter or safety.
IL	X	X	405 IL COMP STAT 5/1-119 5/1-119.1	Inpatient: (1) Reasonable expectation of danger to self/others, (2) unable to provide for basic physical needs so as to guard against serious harm without the assistance of others, or (3) refuses or does not adhere to treatment, unable to understand danger for treatment and, if not treated, reasonably expected to suffer mental or emotional deterioration and become dangerous and/or unable to provide for basic physical needs Outpatient: (1) Person would, in the absence of outpatient treatment, meet criteria for inpatient commitment and outpatient treatment can only be reasonably ensured through court order or (2) mental illness left untreated reasonably expected to result in qualification for inpatient commitment and has more than once caused the person to refused needed outpatient care
IN	X	X	IND. CODE ANN. § 12-7-2-53 § 12-7-2-96 § 12-26-7-5(a) § 12-26-14-1 § 12-26-6-8(a)	Inpatient: (1) danger to self/others; or in danger of coming to harm because either (2) unable to provide for food, clothing, shelter, or other essential human needs OR (3) substantial impairment or obvious deterioration that results in inability to function independently. Outpatient: Same as for inpatient except must also be likely to benefit from the recommended outpatient treatment program and not be likely to meet inpatient standard if compliant with the recommended program.
IA	X	X	Iowa Code § 229.14 § 229.1(16), (17)	Inpatient and Outpatient: Lacks sufficient judgment to make responsible decisions concerning treatment AND is either (1) a danger to self/others, including that of serious emotional injuries to family members and others OR (2) unable to satisfy need for nourishment, clothing, essential medical care, or shelter so that it is likely that the person will suffer physical injury, physical debilitation, or death
KS	X	X	KAN. STAT ANN. § 59-2946(f) § 59-2967(a)	Inpatient: Lacks capacity to make informed decision concerning treatment AND either (1) danger to self/others/property OR (2) substantially unable to provide for basic needs, such as food, clothing, shelter, health or safety Outpatient: Same as for inpatient except must also be likely to comply with outpatient treatment order and not likely be danger to self/others/community while subject to outpatient treatment order.
KY	X	X	KY REV STAT ANN. § 202A-026 § 202A-011(2)	Inpatient and Outpatient: Danger to self/others/family, including actions which deprive self/others/family of basic means of survival such as provision for reasonable shelter, food or clothing, can reasonably benefit from treatment, and hospitalization is the least restrictive form of treatment available
LA	X	X	LA. REV. STAT. ANN. § 28-55(E)(1) § 28-2(3), (4), (10) § 28-56	Inpatient: (1) Danger to self/others or (2) unable to provide for basic physical needs, such as essential food, clothing, medical care, and shelter, and unable to survive safely in freedom or guard against serious harm. Outpatient: Unlikely to survive safely in community without supervision, history of noncompliance which includes two hospitalizations in past 36 months or acts/threat/attempts of violence to self/others in 48 months immediately preceding petition filing, unlikely to voluntarily participate, needs in order to prevent relapse or deterioration likely to result harm to self/others, and likely to benefit from treatment.

Kentucky allows for only a 60-day period of AOT and a possible single 60-day renewal period that must be agreed to by all parties.

ME	X	X	ME REV STAT ANN tit 34-B § 3864(b)(A) tit 34B, § 3801(4) tit 34B § 3873-A	Inpatient: Inpatient hospitalization is the best available means for treatment of the patient, the Court is satisfied with the submitted treatment plan AND based on recent actions or behavior either (1) danger to self/others OR (2) severe physical or mental impairment or injury likely to result without treatment plus a determination that suitable community resources for his care and treatment are unavailable Outpatient: Same as for inpatient OR in view of the person's treatment history, current behavior and inability to make an informed decision, a reasonable likelihood that the person's will deteriorate and in the foreseeable future pose a likelihood of serious harm
MD			MD. CODE ANN. HEALTH-GEN. § 10-632(e)(2) MARS GEN LAWS ANN ch 123, § 8(a) ch 123 § 1	Inpatient: Danger to self/others, in need of treatment, and unable or unwilling to be voluntarily admitted.
MA				Inpatient (1) Danger to self/others or (2) very substantial risk of physical impairment or injury because unable to protect himself/herself in the community
MI	X	X	MICH. COMP. LAWS § 330.1401	Inpatient and Outpatient: (1) Danger to self/others; (2) unable to attend to basic physical needs such as food, clothing, or shelter necessary to avoid serious harm in the near future; or (3) unable to understand need for treatment and continued behavior reasonably expected to result in significant physical harm to self/others. Outpatient: Impaired understanding of the need for treatment makes voluntarily participation in treatment unlikely, noncompliant with recommended treatment necessary to prevent a relapse or harmful deterioration of condition, and history of noncompliance that includes two hospitalizations in past 36 months or acts/threat/attempt of violence to self/others in past 48 months.
MN	X		MINN STAT § 253B 09(1) § 253B 02(13) § 253B 06(5)	Inpatient: A clear danger to others OR the likelihood of physical harm to self/others as demonstrated by either (1) failure to obtain necessary food, clothing, shelter, or medical care as a result of impairment OR (2) inability to obtain necessary food, clothing, shelter or medical care and is more probable than not will suffer substantial harm, significant psychiatric deterioration or debilitation, or serious illness OR (3) a recent attempt or threat to harm self/others OR (4) recent, volitional conduct involving significant damage to property Outpatient: Meets one of the criteria from the inpatient standard AND either (1) manifestations interfere with ability to care for self and, when competent, would choose substantially similar treatment OR (2) has had at least two court-ordered hospitalizations in past three years, exhibits symptoms/behavior substantially similar to those precipitating one or more of those hospitalizations, and reasonably expected to deteriorate to inpatient standard unless treated
MS	X	X	MISS. CODE ANN. § 41-21-73(4) § 41-21-61(e)	Inpatient and Outpatient: A substantial likelihood of physical harm to self/others as demonstrated by (1) a recent attempt or threat to harm self/others or (2) failure to provide necessary food, clothing, shelter or medical care. Explicitly includes person who, based on treatment history, is in need of treatment to prevent further disability or deterioration predictably resulting in danger to self/others if unable to make informed decisions concerning treatment.
MO	X		MO ANN STAT § 632.335(4) § 632.005(10) § 632.350(5)	Inpatient and Outpatient: (1) Likelihood of serious harm to self/others (2) substantial risk that serious physical harm will result due to an impairment in capacity to make treatment decisions evidenced by inability to provide for basic necessities of food, clothing, shelter, safety, medical care or necessary mental health care. Evidence may also include past patterns of behavior.

MT	X	X	MONT. CODE ANN. § 53-21-126(1) § 53-21-127(7) § 53-21-102(9)(a)	Inpatient and Outpatient: In determining whether the respondent requires commitment, the court shall consider the following (1) whether substantially unable to provide for basic needs of food, clothing, shelter, health, or safety; (2) whether recently caused self-injury or injury to others; (3) whether imminent danger to self/others; and (4) whether the respondent's mental disorder, demonstrated by the respondent's recent acts or omissions, will, if untreated, predictably result in deterioration to meet considerations nos. 1, 2 or 3. Predictability may be established by the respondent's relevant medical history. Commitments based solely on consideration no. 4 must be on an outpatient basis.
NE	X		NEB REV. STAT. § 71-925(1) § 71-925(4) § 71-908	Inpatient and Outpatient: (1) Danger to self/others as manifested by recent threats/acts of violence or (2) substantial risk of serious harm evidenced by inability to provide for basic human needs, including food, clothing, shelter, essential medical care or personal safety
NV			NEV REV. STAT. § 43A.310(1) § 43A.115	Inpatient: Clear and present danger of harm to self/others and diminished capacity to conduct affairs, social relations, or care for personal needs. Explicitly includes the inability without assistance, to satisfy need for nourishment, personal/medical care, shelter, self-protection or safety which will result in a reasonable probability that death, serious bodily injury or physical debilitation will occur within immediately preceding 30 days.
NH	X	X	NH REV. STAT. ANN. § 135-C:84 § 135-C:27	Inpatient and Outpatient: A potentially serious likelihood of danger to self/others as evidenced by either (1) recent infliction of serious bodily injury, attempted suicide or serious self-injury in last 40 days which is likely to reoccur without treatment, (2) threatened infliction serious bodily injury on self in last 40 days, and that without treatment an act or attempt of serious self-injury will likely occur (3) lacks capacity to care for own welfare and a likelihood of death, serious bodily injury, or serious debilitation, (4) severely mentally disabled for at least one year, involuntary admission within last 2 years, refusal of necessary treatment and substantial probability that refusal will lead to death, serious bodily injury, or serious debilitation OR (5) threatened, attempted or actual act of violence in last 40 days
NJ	6X		N.J. STAT. ANN. § 30:4-27.2(m), (r), (n), (i) § 30:4-27.5(b) § 30:4-27.10(g)	Inpatient and Outpatient: Danger to self/others/property, unwilling to be admitted voluntarily, and in need of treatment. Danger to self explicitly includes the inability, without assistance, to satisfy need for nourishment, essential medical care or shelter. Determination shall take into account a person's history, recent behavior and any recent act, threat or serious psychiatric deterioration.
NM			N.M. STAT. ANN. § 43-1-11(E) § 43-1-31(M) (N)	Inpatient: Danger to self/others likely to benefit from treatment and proposed commitment is consistent with treatment needs and least drastic means. Harm to self includes grave passive neglect
NY	X	X	N.Y. MENTAL HYG. LAW § 9.31(c) § 9.01 § 9.60(C) Case Law	Inpatient: Danger to self/others, treatment in hospital is essential to welfare, and is unable to understand need for care and treatment. Outpatient: Unlikely to survive safely in community without supervision, history of noncompliance which includes two hospitalizations in past 36 months or acts/threat/attempt of violence to self/others in 48 months immediately preceding petition filing, unlikely to voluntarily participate, needs in order to prevent relapse or deterioration likely to result in serious harm to self/others, and likely to benefit from assisted treatment.

⁶ Outpatient law was effective August 11, 2010, but implementation was initially delayed by Governor Chris Christie. The law is scheduled to be phased in over the next three years.

NC	X	X	<p>Inpatient. Danger to self/others/property. Explicitly includes reasonable probability of suffering serious physical debilitation from the inability to without assistance, either exercise self-control, judgment, and discretion in conduct and social relations. OR satisfy need for nourishment, personal or medical care, shelter, or self-protection and safety.</p> <p>Outpatient. Capable of surviving safely in community with available supervision in need of treatment to prevent further deterioration predictably resulting in dangerousness, and inability to make informed decision to seek/comply with voluntary treatment.</p>	<p>N.C. GEN. STAT. § 122C-268(g) § 122C-31(f) § 122C-267(m) § 122C-263(d)(1) § 122C-271(e)</p>
ND	X	X	<p>Inpatient and Outpatient. Danger to self/others/property if not treated. Harm to self includes substantial likelihood of deterioration in physical health/substantial injury/disease/death based upon recent poor self-control or judgment in providing shelter/nutrition/personal care, or substantial deterioration in mental health predictably resulting in danger to self/others/property based upon objective facts of loss of cognitive or volitional control over thoughts or actions or based upon history, current condition, effect of mental condition on ability to consent.</p>	<p>N.D. CENT. CODE § 25-03.1-07 § 25-03.1-02(12)</p>
OH		X	<p>Inpatient and Outpatient. (1) Danger to self/others, (2) substantial and immediate risk of serious physical impairment or injury to self as manifested by inability to provide for basic physical needs and provision for needs is unavailable in community, or (3) needs and would benefit from treatment as evidenced by behavior creating grave and imminent risk to substantial rights of others/self.</p>	<p>OHIO REV. CODE ANN. § 5122.15(C) § 5122.01(E)</p>
OK	X	X	<p>Inpatient and outpatient: (1) Substantial risk of immediate physical harm to self, manifested by serious threats or attempts; (2) substantial risk of immediate physical harm to another, manifested by violent behavior; (3) placement of another in reasonable fear of violence by serious and immediate threats; (4) severe deterioration of condition requiring immediate intervention to avert a substantial risk of severe impairment or injury; or (5) inability to meet basic physical needs, posing a substantial risk of death or immediate serious physical injury.</p>	<p>OKLA. STAT. ANN. tit. 43A, § 1-103(13)(a)</p>
OR	X	X	<p>Inpatient and Outpatient. (1) Danger to self/others, (2) unable to provide for basic personal needs and is not receiving care necessary for health/safety, or (3) chronic mental illness, two hospitalizations in previous three years, symptoms/behavior substantially similar to those that led to the previous hospitalizations, and will continue to physically or mentally deteriorate to either standard (1) or (2) if untreated.</p>	<p>OP. REV. STAT. § 42B.805(1)(e)</p>
PA		X	<p>Inpatient and Outpatient. Clear and present danger to self/others; includes inability, without assistance, to satisfy need for nourishment, personal or medical care, shelter, or self-protection and safety, and reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days.</p>	<p>50 PA. CONS. STAT. ANN. § 7301(e) § 7301(f) § 7304(a) § 7304(f)</p>
RI		X	<p>Inpatient and Outpatient. In need of care/treatment in a facility and, if unsupervised in the community, would be a danger to self/others. Explicitly includes substantial risk of harm manifested by grave, clear and present risk to physical health and safety.</p>	<p>R.I. GEN. LAWS § 40.1-5.8(j) § 40.1-5.2 (7)</p>
SC	X	X	<p>Inpatient and Outpatient. Needs treatment and either (1) unable to make responsible decisions with respect to treatment; OR (2) likelihood of serious harm to self/others, including the substantial risk of physical impairment from inability to protect oneself in community and provisions for protection are unavailable.</p>	<p>S.C. CODE ANN. § 44-17-580 § 44-23-10(12)(20)</p>
SD	X	X	<p>Inpatient and Outpatient. Danger to self/others as evidenced by treatment history and recent acts, and needs and is likely to benefit from treatment. Danger to self includes danger of serious personal harm in the very near future evidenced by inability to provide for some basic human needs such as food, clothing, shelter, physical health, or personal safety, or arrests for criminal behavior due to mental illness.</p>	<p>S.D. CODIFIED LAWS § 27A-1-2 § 27A-1-1 (4), (5)</p>
TN			<p>Inpatient: Substantial likelihood of serious harm, which includes the inability to avoid severe impairment or injury from specific risks or placing others in reasonable fear of serious physical harm.</p>	<p>TENN. CODE ANN. § 33-6-501 § 33-6-502</p>

TX	X	X	Inpatient (1) Danger to self/others, or (2) severe and abnormal mental emotional, or physical distress, substantial mental or physical deterioration of ability to function independently, exhibited by the inability to provide for basic needs including food, clothing, health, or safety and inability to make rational and informed treatment decisions Outpatient (1) Danger to self/others or (2) severe and persistent mental illness, if untreated will suffer severe and abnormal mental, emotional, or physical distress, and deterioration of the ability to function independently and inability to live safely in community and inability to voluntarily and effectively participate in outpatient treatment as demonstrated by actions of past two years or the inability to make an informed treatment decision
UT	X		Inpatient and Outpatient: Inability to make rational treatment decision and danger to self/others, explicitly including both inability to provide basic necessities such as food, clothing, and shelter and substantial risk of extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of mental faculty. Inpatient and Outpatient: (1) Danger to self/others and (2) a patient who is receiving adequate treatment, and who, if such treatment is discontinued, is likely to deteriorate to the standard in (1) Danger to others includes presenting a danger to persons in his/her care. Danger to self can be the inability, without assistance, to satisfy need for nourishment, personal or medical care, shelter or self-protection and safety, so that probable death, substantial physical bodily injury, serious mental deterioration or physical debilitation or disease will ensue Inpatient: (1) Imminent danger to self/others; or (2) so seriously mentally ill as to be substantially unable to care for self substantially likely to "suffer serious harm due to substantial deterioration of his capacity to protect himself from harm or to provide for his basic human needs as evidenced by current circumstances." Outpatient: Same as for inpatient plus is competent to understand the stipulations of treatment, wants to live in community and agrees to abide by treatment plan, has capacity to comply with treatment plan, ordered treatment can be delivered on outpatient basis, and can be monitored by community services board or designated providers.
VA	X		Inpatient (1) Danger to self/others/property, or (2) in danger of serious physical harm from failure to provide for essential human needs of health or safety, or (3) severe deterioration in routine functioning evidenced by loss of cognitive or volitional control and not receiving essential care Outpatient Same as inpatient, if outpatient treatment is in best interest of person
WA	X	X	Inpatient and Outpatient: Danger to self/others. Danger to others includes presenting a danger to persons in his/her care. Danger to self can be the inability, without assistance, to satisfy need for nourishment, personal or medical care, shelter, or self-protection and safety, so that probable death, substantial physical bodily injury, serious mental deterioration or physical debilitation or disease will ensue. Note: Applications for final commitment must state, in detail, the recent overt acts upon which a danger to self/others conclusion is based.
WV	X		Inpatient and Outpatient (1) Danger to self/others as evidenced by recent acts/threats, (2) substantial probability of physical impairment/injury to self as evidenced by recent acts/omissions, (3) inability to satisfy basic needs for nourishment, medical care, shelter or safety so that substantial probability of imminent death, serious physical injury, serious physical debilitation or serious physical disease, or (4) substantial inability to make informed treatment choice, needs care or treatment to prevent deterioration, and substantial probability that if untreated will lack services for health or safety and suffer severe mental, emotional or physical harm that will result in the loss of ability to function in community or loss of cognitive or volitional control over thoughts or actions
WI	X	X	Inpatient and Outpatient (1) Danger to self/others as evidenced by recent acts/threats, (2) substantial probability of physical impairment/injury to self as evidenced by recent acts/omissions, (3) inability to satisfy basic needs for nourishment, medical care, shelter or safety so that substantial probability of imminent death, serious physical injury, serious physical debilitation or serious physical disease, or (4) substantial inability to make informed treatment choice, needs care or treatment to prevent deterioration, and substantial probability that if untreated will lack services for health or safety and suffer severe mental, emotional or physical harm that will result in the loss of ability to function in community or loss of cognitive or volitional control over thoughts or actions

WY	X	X	WYO. STAT. ANN. § 25-10-110(i) § 25-10-101(a)(ix) § 25-10-101(a)(ii) § 25-10-110(h)	Inpatient and Outpatient: (1) Danger to self/others: (2) unable, without available assistance, to satisfy basic needs for nourishment, essential medical care, shelter or safety so it is likely that death, serious physical injury, serious physical debilitation, serious mental debilitation, destabilization from lack of or refusal to take prescribed psychotropic medications for a diagnosed condition or serious physical disease will imminently ensue.
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Initiating Court-Ordered Assisted Treatment Inpatient, Outpatient and Emergency Hospitalization Standards by State

This chart captures the most essential information about who may initiate proceedings leading to court-ordered treatment for an individual with symptoms of severe mental illness.

Please note that while this chart contains much of each standard's actual language, it summarizes only the most crucial provisions of the pertinent statutes for each state. This information does not constitute legal advice and should not be relied upon as a substitute for seeking legal counsel.

Who can initiate court-ordered psychiatric intervention?	
STATE	RELEVANT CODE SECTIONS
AL	ALA. CODE § 22-52-1.2(a) § 22-52-91(a)
AK	ALASKA STAT. § 47.30.700(a) § 47.30.705(a)
AZ	ARIZ. REV. STAT. § 36-520(a) § 36-524

<p>For inpatient or outpatient commitment: Any person may file a petition seeking the involuntary commitment of another person.</p> <p>For emergency evaluation: When a law enforcement officer is confronted by circumstances and has reasonable cause for believing that a person within the county [meets the criteria for emergency evaluation], the law enforcement officer shall contact a community mental health officer.</p>	<p>For involuntary commitment: Upon petition of any adult, a judge shall immediately conduct a screening investigation or direct a local mental health professional ... to conduct a screening investigation of the person.</p> <p>For emergency evaluation: A peace officer, a psychiatrist or physician who is licensed to practice in this state or employed by the federal government, or a clinical psychologist licensed by the state Board of Psychologist and Psychological Associate Examiners who has probable cause to believe that a person [meets the criteria for emergency evaluation] may cause the person to be taken into custody and delivered to the nearest evaluation facility.</p>
<p>For inpatient or outpatient commitment: Any responsible individual may apply for a court-ordered evaluation of a person who is alleged to be, as a result of a mental disorder, a danger to self or to others, persistently or acutely disabled, or gravely disabled and who is unwilling or unable to undergo a voluntary evaluation.</p> <p>For emergency evaluation:</p> <p>A. A written application for emergency admission shall be made to an evaluation agency before a person may be hospitalized in the agency.</p> <p>B. The application for emergency admission shall be made by a person with knowledge of the facts requiring emergency admission. The applicant may be a relative or friend of the person, a peace officer, the admitting officer or another</p>	



NAMI

National Alliance on Mental Illness

Los Angeles
County Council

January 29, 2018

Via E-Mail

The Honorable Members of the Board of Supervisors
County of Los Angeles
Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Honorable Members of the Board:

NAMI Los Angeles County supports Supervisors Barger and Ridley-Thomas' motion to expand the definition of grave disability for people living with mental illness to include a person's inability to provide urgently needed medical care for him or herself due to a mental disorder.

There are individuals in such dire need of health and/or mental health care that their lives are in jeopardy, yet they often refuse treatment because they lack insight into their illness. It is nearly impossible not to see the problem in plain sight here in Los Angeles. These individuals are often the first who come to mind when thinking about homeless people who have mental illness – in Skid Row, down by the Arroyo, along the river, etc. The woman with open wounds rocking herself in the corner. The gentleman with extremely oversized feet due to a heart condition who insists there's simply nothing wrong. Within our homeless population, many individuals do not engage or simply refuse treatment, but are clearly in need of mental health care. We all must now pay attention to and provide care to these specific individuals' well-being.

I am on the receiving end of many stories and examples from people on different sides of the involuntary mental health treatment spectrum – including family members, law enforcement agents, providers and clinicians. They want a positive outcome for the person they're engaging, but the limits of the law insist they turn away from providing lifesaving help. Including a person's inability to provide medical care for herself as part of grave disability provides another way we can help that woman access the treatments and supports she needs to regain some control of her life.

Let's make sure we give the kind of care we expect of each other to those who are not well enough to know they can't survive without it.



nami

National Alliance on Mental Illness

Los Angeles
County Council

Los Angeles county has demonstrated a commitment to improving the lives of people living with mental illness by way of its support for the District Attorney's Criminal Justice Advisory Board, the creation of the Office of Diversion and Reentry, implementation Community Collaborative Courts, increasing MET teams, and now considering how to modify state law and practices pertaining to involuntary commitment. To move forward, we must design systems that provide the level of care people need when they need it in order to produce positive outcomes for persons with serious mental illness.

Los Angeles has many hard working, dedicated people trying to keep our most vulnerable residents safe. Please put them to work with resources – like this legal modification – that are sufficient for the job.

Sincerely,

Brittney Weissman
Executive Director

Leroy Beavers

From: Google.Calendar <calendar-notification@google.com> on behalf of Daniel.Halden@lacity.org
Sent: Saturday, January 27, 2018 4:26 PM
To: [REDACTED]

Subject: [REDACTED]
[REMINDER + LOCATION CHANGE] Monthly - Hollywood Street/Sidewalk Closure Committee Meeting

Hi everyone,

Friendly reminder regarding next week's (Thursday 2/1) Street/Sidewalk Closure Committee Meeting.

Also, we are CHANGING LOCATIONS for this meeting, which will now be held at the HOLLYWOOD & HIGHLAND CENTER, 6801 Hollywood Blvd, Suite 170 (Management Office).

Directions to the management office:

- Enter the self parking from Highland Avenue or Orange Street; pull a ticket & we will validate it for you
- From parking, come up to the Central Courtyard, Level 2
- Cross the Central Courtyard to the left and head towards Shoe Palace

- To the left of the Shoe Palace storefront access the elevator down to Level 1
- The elevator opens directly into the Management Office
- Management Office: (323) 817-0200

Thanks!
Dan

Monthly - Hollywood Street/Sidewalk Closure Committee Meeting

Monthly - Hollywood Street/Sidewalk Closure Committee Meeting
Please join us for our monthly meeting, held the first Thursday of every month at 9:00 AM.

PLEASE NOTE THE LOCATION CHANGE FOR 2018!!!!!! The meetings will now be held at the Hollywood & Highland Center, 6801 Hollywood Blvd, Suite 170 (the executive offices).

Directions to the management office:

- Enter the self parking from Highland Avenue or Orange Street; pull a ticket & we will validate it for you
- From parking, come up to the Central Courtyard, Level 2
- Cross the Central Courtyard to the left and head towards Shoe Palace
- To the left of the Shoe Palace storefront access the elevator down to Level 1
- The elevator opens directly into the Management Office
- Management Office: (323) 817-0200

Contact: Dan Halden (213) 254-7214 cell

Thu Feb 1, 2018 9am - 10am

Hollywood & Highland 6801 Hollywood Blvd., STE 170, Los Angeles 90028 ([map](#))

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[REDACTED]

Leroy Beavers

From: Kerry [REDACTED]
Sent: Friday, January 19, 2018 12:18 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Some law enforcement related developments

Greetings Board – it was a great evening last night, honoring John's service to the board. Thank you again Brian for making the Panorama Room available. Thanks to all of you who used your selfie stick to make the video. We have a few more to add to the film – some videos that came from non-board members – and we will incorporate those and give to John so he can make his friends and family watch his tribute every holiday!

Couple reports came through my google alerts today. First, more information about Prop 47/56 reform. Staff got the message, however: more research to be done to document what this initiative will address/not address. We will make that a key discussion at the next Security Committee meeting on Feb 14. Also, last week, the county issued a report on the impact of realignment (AB109) on the county. I need to read this, but it is helpful to finally have some data.

Finally, I just heard that Chief Beck has announced his retirement, effective June.

Have a great weekend,
Kerry

KERRY [REDACTED]
Executive Director

[REDACTED]

Leroy Beavers

From: Lorin [REDACTED]
Sent: Thursday, January 18, 2018 3:36 PM
To: [REDACTED]
Cc:
Subject: Meeting Location for HPOA Board Meeting Thursday, January 18th 4:00pm

Hi everyone,

The meeting today will take place in Studio D, on the Mezzanine level at Loews Hotel.

Thank you,
Lorin

Get [Outlook for iOS](#)

From: Lorin [REDACTED]
Sent: Monday, January 15, 2018 4:16:28 PM
To: [REDACTED]

Cc: [REDACTED]
Subject: Meeting Announcement - HPOA Board Meeting Thursday, January 18th 4:00-6:00 p.m. @ Loews Hollywood Hotel

Greetings HPOA Board,

Please find attached the agenda for the HPOA Board Meeting on Thursday, January 18th – 4:00 to 6:00 p.m. at the Loews Hollywood Hotel, 1755 N Highland Avenue (Meeting room will be confirmed before Thursday). Valet parking will be hosted by Brian. He will provide tickets at the meeting/dinner.

- Attached are the December 14th minutes for your review.

Everyone has confirmed for the meeting and dinner. However, if your plans do change, please let me know so we can ensure quorum.

As a reminder, please bring your \$70 check for the Annual Dinner. Checks can be made out to "HPOA Marketing Co-Op."

Thank you,

LORIN [REDACTED]
Office Manager

[REDACTED]

Leroy Beavers

From: Brian [REDACTED]
Sent: Wednesday, January 17, 2018 3:54 PM
To: [REDACTED] Steve
Cc: [REDACTED]
Subject: Re: Homeless

Hi Steve,

Thanks for the prompt response.

Of course the funding measures for housing the homeless are critical, but these are longer term solutions that do not immediately address the casualties that are occurring on our streets now. The representative from Supervisor Kuehl's office was specifically addressing the question about anything they could do in the immediate and I used the example of an earthquake or flood where funds/ resources could be made available immediately to address a crisis situation for people needing shelter. For this, she was under the impression an emergency action would need to be taken by the governor.

I actually recently (today!) notified Mitch O'Farrell's office requesting he pitch Hollywood when Huizar makes the motion to City Council to fund emergency shelter trailers for Downtown on Tuesday. I copied many of the business constituents in the BID's and key members of the Hollywood Chamber. Any preliminary discussions you could have with his office and the County on how this could be immediately funded and possible locations for this in Hollywood would be appreciated. I believe they are currently working on establishing a location where the personal belongings may be stored and for transportation access via the City DASH Bus service.

Thanks for offering assistance!

Best,

Brian.

Brian [REDACTED]

[REDACTED]

[REDACTED]

Sent from Outlook

From: [REDACTED] Steve [REDACTED]
Sent: Wednesday, January 17, 2018 3:19 PM
To: Brian [REDACTED]
Cc: [REDACTED]
Subject: Re: Homeless

Hi Brian,

Over the past 3 years, the State's Mental Health Tax was reformulated under "No Place Like Home" to develop and build supportive housing for Mentally Ill Homeless individuals. Last March Voters approved Measure H (collecting tax revenues as of September 2017). It's projected to raise \$355 million a year for 10 years to help homeless people transition into planned affordable housing among other initiatives. Year 1's \$259m list of projects are approved by the supervisors. Im sure the Supervisors' office can tell us how many/much were specifically for Hollywood projects/needs. The City of Los Angeles also passed HHH that authorized \$1.2B in city general obligation bonds to build affordable housing and housing for the homeless. And of course, LAHSA plays a critical role in coordinating the effective and efficient utilization of Federal and local funding in providing services to homeless people throughout Los Angeles City and County.

Please help me understand how exactly the County of Los Angeles hands are tied???? California's counties actually serve as agents of the State in administering statewide health and social services programs. To be clear, State of Emergency declarations have been used recently for fires, mudslides, floods and dam breaks and were all intended for temporary disaster support efforts.

A few days ago the LA Times published a story about temporary trailers for Homeless people in downtown LA. There is a potential approach there to be mimicked for Hollywood. Councilman Huizar did well to identify this site. Let's work with Councilman O'Farrell and the Supervisor to do the same for Hollywood.

"Temporary trailers for homeless people planned on downtown city lot - LA Times" <http://www.latimes.com/local/lanow/la-me-ln-housing-trailers-20180116-story.html>


We're always willing to be helpful.

Homer enjoy your trip!

Steve

Steven [REDACTED]

[REDACTED]



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Leroy Beavers

From: [REDACTED] Steve [REDACTED]
Sent: Wednesday, January 17, 2018 3:20 PM
To: Brian [REDACTED]
Cc: [REDACTED]
Subject: Re: Homeless
Attachments: WebPage.pdf; ATT00001.htm

Hi Brian,

Over the past 3 years, the State's Mental Health Tax was reformulated under "No Place Like Home" to develop and build supportive housing for Mentally Ill Homeless individuals. Last March Voters approved Measure H (collecting tax revenues as of September 2017). It's projected to raise \$355 million a year for 10 years to help homeless people transition into planned affordable housing among other initiatives. Year 1's \$259m list of projects are approved by the supervisors. Im sure the Supervisors' office can tell us how many/much were specifically for Hollywood projects/needs. The City of Los Angeles also passed HHH that authorized \$1.2B in city general obligation bonds to build affordable housing and housing for the homeless. And of course, LAHSA plays a critical role in coordinating the effective and efficient utilization of Federal and local funding in providing services to homeless people throughout Los Angeles City and County.

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We're always willing to be helpful.

Homer enjoy your trip!

Steve

Steven [REDACTED]
Deputy Chief of Staff

[REDACTED]

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Temporary trailers for homeless people planned on downtown city lot

Dakota Smith, Gale Holland and Doug Smith



Los Angeles city leaders are planning to house dozens of homeless people in trailers on a city-owned downtown lot as a possible model for citywide temporary shelters.

A proposal that will be submitted to the City Council on Tuesday calls for installing five trailers on a parking lot at Arcadia and Alameda streets by the beginning of summer.



(Sources: OpenStreetMap, MapZen)

The trailers would house about 67 people and target the homeless population that sleeps on the sidewalks in the area around the historic El Pueblo site off of Main Street.

The shelter would operate for three years with the hope that residents placed there would move on to permanent housing within six months.

The proposal comes from a task force formed by Mayor Eric Garcetti to brainstorm on how to get thousands of unsheltered people off the streets.

If approved by the City Council, the initiative to provide temporary shelter would mark a new strategy for the city, which has focused primarily on encouraging the construction of permanent housing through \$1.2 billion in voter-approved bonds.

Garcetti has said he hopes temporary housing can be placed on other city properties throughout the city to help serve the estimated 25,000 unsheltered homeless people in the city.

Councilman Jose Huizar, who represents the downtown area, is expected to introduce the motion Tuesday to authorize city funds for the proposal, which will cost an estimated \$2.3 million for the first year. After that, running the shelter will cost \$1.3 million annually.

The initial proposal would include three trailers for housing. The other trailers would be used for showers, bathrooms and laundry and for management and services.

The Los Angeles Homeless Services Authority, a city-county agency, would contract with a nonprofit to operate the site and provide services.

The proposal comes after several council members have acknowledged that the city is not doing enough to help people who live in encampments from downtown to Sylmar and the Westside.

Councilman Jose Huizar is expected to introduce the motion Tuesday to house dozens of homeless people in trailers on a city-owned downtown lot.
(Katie Falkenberg / Los Angeles Times)

“I think the city has failed miserably,” West Valley Councilman Mitch Englander said late last year of the city’s street strategy.

“The mayor believes it is not humane to allow people to sleep on the streets if we have resources to provide shelter,” Matt Szabo, Garcetti’s deputy chief of staff, said in an interview last week. “It is important to the mayor that he gets as many people off the streets as possible.”

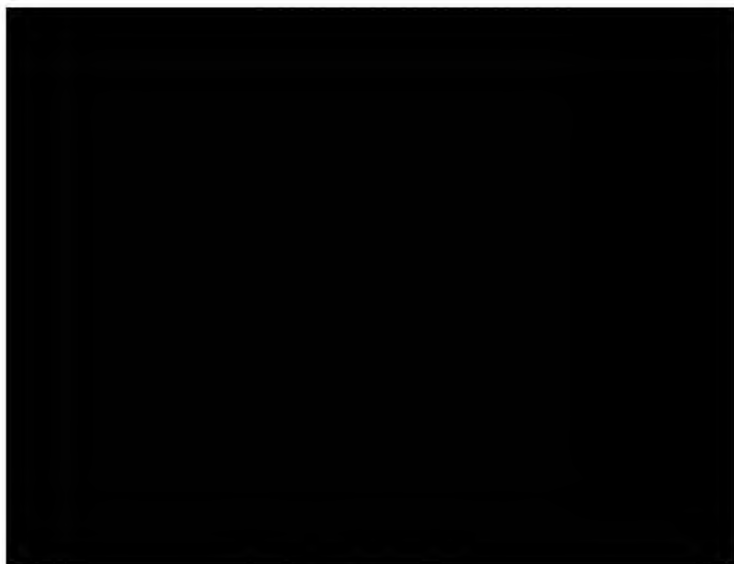
At recent events, Garcetti has given some hints about City Hall’s plans to provide temporary housing.

“You’ll see in the coming months a couple of pop-up villages that we’re looking at doing,” Garcetti said at a homelessness volunteer event in Brentwood last month.

He also said that he isn't a fan of tent cities because "they are a temporary solution and have known problems and people don't get out."

In an interview last week on KNX-AM, Garcetti challenged City Council members to find places in their districts for more temporary housing, saying the city needs sites for "not just permanent housing, but for shorter-term shelter, pop-up shelters, pop-up housing, with those dollars that we have."

Martin Schlageter, policy director for Huizar, said the intent of the councilman's motion is that temporary shelters also go up in other parts of the city.



On Jan 17, 2018, at 1:01 PM, Brian [REDACTED] wrote:

Hi Homer/ Captain Palka,

Please excuse my informality in the use of my personal email, as our PCD Outlook was hacked and we are unable to send outgoing messages.

Thanks for following up on this with Steve (Veres) from Senate President Pro Tempore Kevin DeLeon's office. I'm definitely on board. I'm copying Steve and Baydsar Thomasian so maybe they can get a jump on this while you are away.

It's patently clear that a sense of urgency needs to be employed in this tragedy, as it continues to escalate by the day. I was at the meeting last week at the Chamber, where Stephanie Cohen from Supervisor Kuehl's office indicated without a State of Emergency issued by the governor, their hands are tied for access to the tools needed for an immediate impact. It's my understanding the situation is just as bad in San Francisco and San Diego. We need to do whatever it takes to create emergency shelters NOW!!! to get these people off the street!

Businesses are threatening to move out of Hollywood as employees are voicing concerns about their safety experiencing frightening confrontations with the mentally ill when venturing out at any time during the day or night. I've experienced this on several occasions myself. People don't want to bring their children to Hollywood for fear of them being exposed to the consequences of this tragedy which in many cases are quite graphic with open drug use, indecent exposure, public defecation & urination. The smell is terrible and it seems to be in every direction you turn on our public sidewalks.

I'm adding Kerry Morrison and Captain Pinto to this thread, as they are at the forefront of this issue for Hollywood and would be able to provide valuable input.

Thanks.

Brian.

Brian [REDACTED]

- - - -

Sent from [Outlook](#)

From: Homer [REDACTED]
Sent: Sunday, January 14, 2018 4:11 PM
To: 'Cory Palka'
Cc: [REDACTED]
Subject: Homeless

Captain Palka, after the PAL meeting you spoke about the urgency of the great problem with the homeless in terms about how both the city and ACLU have pretty much handcuffed efforts to deal with urgent problems with the homeless community. The next day, I too Officers Julie Nony and Eddie Limon from the downtown division and they expressed the same situation. At one point, Officer Nony suggested that perhaps the California National Guard could be deployed to clean up the tents with drugs, gang activity going on in those homeless tents. On Friday, all 4 officers from Hollywood Forever hosted Senate President Pro-Tem Kevin De Leon for dinner which lasted late into the night and I was brave enough to ask his chief of staff if the state ever considered pitching in and help local police departments with this problem. His chief of staff Steve said it was certainly a novel idea and invited me to meet with him at some point. I am leaving for Costa Rica for a wedding even as I am dealing with health issues but will follow up when I get back. If I get that meeting, could all of you attend?

Homer G. Alba-Vice President Emeritus

Hollywood Forever and Beth Olam Cemeteries (Hollywood)

Fernwood Forever Cemetery (Marin County, Ca.)

Leroy Beavers

From: Brian [REDACTED]
Sent: Wednesday, January 17, 2018 1:01 PM
To: Homer [REDACTED]; Cory Palka
Cc: [REDACTED]
Subject: Re: Homeless

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Thanks.

Brian.

Brian [REDACTED]

[REDACTED]

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Sent from Outlook

From: Homer [REDACTED]

Sent: Sunday, January 14, 2018 4:11 PM

To: 'Cory Palka'

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Subject: Homeless

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Homer [REDACTED]

Leroy Beavers

From: Lorin [REDACTED]
Sent: Monday, January 15, 2018 4:16 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Meeting Announcement - HPOA Board Meeting Thursday, January 18th 4:00-6:00 p.m.
@ Loews Hollywood Hotel
Attachments: January 2018.pdf; 12-14-17 (final).pdf

Greetings HPOA Board,

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- Attached are the December 14th minutes for your review.

Everyone has confirmed for the meeting and dinner. However, if your plans do change, please let me know so we can ensure quorum.

As a reminder, please bring your \$70 check for the Annual Dinner. Checks can be made out to "HPOA Marketing Co-Op."

Thank you,

LORIN [REDACTED]
Office Manager

[REDACTED]

**HOLLYWOOD PROPERTY OWNERS ALLIANCE
BOARD OF DIRECTORS**

Agenda

January 18, 2018

4 p.m. to 6 p.m.

Loews Hollywood Hotel

- I. 4:00 p.m. CALL TO ORDER – Chad [REDACTED] President
- II. OPEN FORUM & INTRODUCTIONS
- III. 4:15 APPROVAL OF THE MINUTES
 - **Action:** December 14, 2017
- IV. 4:20 p.m. TREASURERS REPORT – Brian [REDACTED]
 - A. **Action:** Review/approve financial statement for December 31, 2017
- V. 4:35 p.m. COMMITTEE/ACTIVITY REPORTS
 - A. Security Committee Report – Kerry [REDACTED]
 - 1. Homeless Initiatives Update
 - 2. Street Vending Ordinance Update
 - 3. “Reducing Crime and Keeping California Safe Act of 2018” – Proposed November 2018 Ballot Measure
 - Action:** authorize support of HPOA for ballot initiative
 - 4. CORO Project to research protection of Walk of Fame
 - Action:** authorize \$3,500 to share consulting costs with Hollywood Chamber of Commerce
 - C. Streetscape and Beautification – Jeff [REDACTED] d Matthew [REDACTED]
 - 1. Streetplus Q4 Maintenance Report, Sergio Urena
 - 2. Decorative Lighting Update
 - 3. Hollywood Boulevard Crosswalks
 - 4. “Good Neighbor Trash Bag Program”
 - Action:** authorize support and purchasing of trash bags for “good neighbor” trash program in partnership with the City of Los Angeles
 - D. Marketing and Communications – Devin [REDACTED]
 - 1. Locals Night Out Valentines Bar Crawl – February 14th
 - 2. Comedy & Cocktails – April 1-7
 - 3. LA Phil 100/CicLAvia – Report from meeting at Capitol Records
 - E. Ad-hoc BID Renewal Committee
 - 1. Draft MDP and ER Update
 - 2. Ad-hoc Governance Committee – next meeting 1/29/18

VI. 5:00 p.m. NEW BUSINESS

VII. 5:05 STAFF REPORT
A. Homeless Count – January 25 at 10 p.m.

X. 6:00 ADJOURN

Next meeting: February 15, 2018

March meeting moved to March 22, 2018

For more information, contact HPOA Staff at [REDACTED]. As a covered entity under Title II of the Americans with Disabilities Act, organizations that contract with the City of Los Angeles do not discriminate on the basis of disability and upon request will provide reasonable accommodation to ensure equal access to its programs, services, and activities. Sign language interpreters, assisted listening devices, or other auxiliary aids and/or services may be provided upon request. To ensure availability of services, please make your request at least 3 business days (72-hours) prior to the meeting by contacting the office of the Hollywood Property Owners Alliance at [REDACTED].

**HOLLYWOOD PROPERTY OWNERS ALLIANCE
BOARD OF DIRECTORS**

**Minutes
Thursday, December 14, 2017
6562 Hollywood Blvd.**

Officers and Directors Present



Absent



Staff



Guests



I. CALL TO ORDER – Chad [REDACTED] President

The meeting was called to order at 4:09 p.m.

II. OPEN FORUM & INTRODUCTIONS

Luisa Franco, RecyclA presented to the board on the City's new transition to a single franchise waste hauler and recycling program. The board expressed their frustration with the short rollout and extreme rate increases. Christel Whittier, condo owner representing The Broadway shared her concerns with the public safety issues in Hollywood and would like to be more involved with the BID.

III. APPROVAL OF MINUTES

It was moved by Evan [REDACTED], seconded by Joseph [REDACTED] and CARRIED to approve the minutes from the November 16, 2017 meeting. Approved with one (1) abstention from Mark Stephenson.

IV. TREASURER'S REPORT

- A. November 30, 2017 statement – Johnson walked the board through the financial statement ending on November 30, 2017. Revenue was slightly higher this month due to partial insurance reimbursements being received. As far as expenses, it appears the BID has spent less money throughout the year despite having a large variance in legal fees.

It was moved by Mark [REDACTED] seconded by Katie [REDACTED], and CARRIED to approve the financial statement for November 30, 2017. Unanimously approved.

- B. Review of updated 2018 HPOA-CHC Management Contract – Mariani presented to the board the annual change order to the management contract between Central Hollywood Coalition and Hollywood Property Owners Alliance. The monthly amount has increased from \$14,205/month to \$14,980/month due to the rent increase. Changes have been made to the scope of work with respect to services for BID renewal. The document retention policy has been amended to reflect the current policy.

It was moved by Mark [REDACTED], seconded by Evan [REDACTED], and CARRIED to approve the 2018 HPOA-CHC Management Contract. Unanimously approved.

V. COMMITTEE/ACTIVITY REPORTS

- A. Appointment of New Committee Chairs and Members

Lewis will be appointing new chairs and members to the committees and asked if any board members who are interested serving to contact him.

B. Security Committee Report

1. Homeless Initiatives Update – Traditionally the BID has allocated funds from either the security contingency and/or contingency budget to give to local partners that assist with homeless outreach and engagement. Morrison recommended the allocation of up to \$15,000 to The Center, one of the remaining organizations doing this type of work in Hollywood.

It was moved by Mark [REDACTED], seconded by Evan [REDACTED] and CARRIED to allocate up to \$15,000 from security contingency and/or contingency budget funds to support homeless outreach and engagement by The Center. Unanimously approved.

2. Street Vending Ordinance Update – The public hearing was cancelled this month and there is no new date scheduled after the new year.
3. Report from meeting with Assemblymember Richard Bloom – Staff has continued to make it a priority to meet with elected officials at the direction of the board regarding their concerns of public safety. On December 7, Morrison, Mariani and eight (8) key stakeholders representing both HED and CHC met with Assemblymember Richard Bloom to discuss the issues with crime and street violence and their concerns of the safety of the sidewalks and the repercussions of state policies to decriminalize certain behaviors. Staff will continue to meet with elected officials in the coming year – meetings with Senator Ben Allen and City Attorney Mike Feuer will be scheduled in the new year.

C. Streetscape and Beautification

1. Holiday Decorations/Decorative Lighting – Severson shared photographs of the final product of the holiday decorations and decorative lighting at Hollywood & Highland and Hollywood & Vine. After the holiday season, the lights will be programmed with neutral colors.
2. Utility Box Artwork – Severson reported the committee received approval to proceed with the utility box artwork from the Council Office and Department of Transportation. The final artwork was received and sent off for printing. It is expected a three (3) week turnaround time for the prints to be received for installation. The projected installation is during the last week of January and the committee is discussing a kickoff event and media release to be held at the Pantages Theatre.
3. Wayfinding Signage Update – Severson reported the group received feedback from the Historic Trust regarding the sign placements along the Walk of Fame where star ceremonies will take place. There were three (3) signs that had to be moved but

were easily accommodated by Hunt Design. Hunt Design will proceed with the construction designs with the revised locations.

D. Marketing and Communications

1. Jollywood Report – Strecker reported “Jollywood,” the one-day holiday pop-up event took place on December 9th. The event featured 20 vendors and secured five (5) sponsors. There was an issue with the location on the bump outs – vendors reported they felt too spread out and not many street traffic sales were made. Strecker advised the board for next year’s event he will look at a different location to keep the vendors close together and to appeal to residents. He was able to cover all expenses through the sponsorships.
2. Locals Night – February – The next Local Nights has tentatively been scheduled for May and the group will be rebranding the event to appeal to more locals.
3. Comedy & Cocktails – Strecker and the BID’s PR team Haines & Co. are working on a new event “Comedy & Cocktails” during the first week of April. It will be a weeklong campaign to bring people to Hollywood as a destination for comedy and will feature the different comedy clubs and local bars in the BID.

E. Ad-hoc BID Renewal Committee

1. Draft MDP and ER Update – Mariani reported he and Morrison attended a meeting at the city clerk’s office to review the MDP and Engineer’s Report. There were mostly grammatical changes and discrepancies with the data. They will work with the consultants to ensure a timely submission in order to begin the ballot petitions early to mid-January.
2. Report from ad-hoc Governance Committee – Mariani briefed the board on the first meeting with the ad-hoc governance committee. The group met with legal counsel and began a preliminary discussion in regards to merging the board, amending the bylaws and timeline. The goal is to have a direction to recommend to the board by summer.

VI. NEW BUSINESS

There was no new business to report.

VII. STAFF REPORT

- A. Staffing Update – Mariani reported Rich Sarian has been hired as the new Operations Manager and will start the new position at the beginning of January.

VIII. CLOSED SESSION

The board went into closed session, as per the topics outlined on the agenda.

A. Conference with Legal Counsel; Existing Litigation
(Gov. Code § 54956.9(d)(1))

The Board finds, based on advice from legal counsel, that discussion in open session will prejudice the position of the agency in the litigation.

Name of Case: *Riskin v. Hollywood Property Owners Alliance, et al.*

Names of Parties: Adrian Riskin, Hollywood Property Owners Alliance, and Andrews International, Inc.

Case No.: Los Angeles Superior Court Case No. BS166500

B. Conference with Labor Negotiator (Gov. Code § 54957.6)
Name of Agency Negotiator: Executive Director
Unrepresented Employee: All Unrepresented Employees

C. Conference with Labor Negotiator (Gov. Code § 54957.6)
Name of Agency Negotiator: Board Chair
Unrepresented Employee: Executive Director

IX. OPEN SESSION

The board re-convened in open session at 5:55 p.m. The following was reported by President Chad Lewis.

- A. There was nothing to report relative to the existing litigation.
- B. **Action: It was moved by Mark [REDACTED] seconded by Katie [REDACTED] and CARRIED to approve a performance bonus to the Executive Director for \$15,000 by the end of 2017. (Unanimous)**
- C. **Action: It was moved by Mark Stephenson, seconded by Evan [REDACTED] and CARRIED to approve a performance bonus pool of \$30,000 for the Executive Director to distribute to the staff by the end of 2017. (Unanimous)**

Lewis also reported that in 2018, the board recommends that a Compensation Committee be created by the Ad-Hoc Governance Committee to help guide the salary, benefits and HR structure for the new BID.

X. NEXT MEETING: The next meeting will be held on January 18, 2018. Annual board dinner to follow.

XI. ADJOURNMENT: The meeting was adjourned at 6 p.m.

Leroy Beavers

From: Kerry [REDACTED]
Sent: Monday, January 15, 2018 12:20 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: 2018 Homeless Count - parking at Arclight Garage *CONFIRMATION*
Attachments: PARKING PASS.DOCX

Hi Stacee, the homeless count is about 10 days away, and I wanted to be sure that everything is okay with respect to allowing the count volunteers to park at the Arclight garage. So far, we only have about 70 volunteers – we hope to get another 30 in the coming week. Not all will need to park there, but we hope to make this available as an option.

Here's what the pass would look like that we would email to volunteers.

Thanks – please let me know by Tuesday – really appreciate it!

KERRY [REDACTED]
Executive Director

[REDACTED]

From: Kerry [REDACTED]
Sent: Monday, December 4, 2017 2:41 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: 2018 Homeless Count - parking at Arclight Garage

Hi Stacee, last year we recruited for 120 volunteers, and about showed up. I don't know how many used the Arclight as an option – not sure if your parking operator would have that information.

We will do a similar recruitment this year – but will try to get at least 120 volunteers, because we need that many to canvass all of Hollywood. Its hard to know how many would actually use the parking – because many people car pool to this event, I'm guessing 75 max?

Kerry

P.S. Here is an example of what the pass could look like.

KERRY [REDACTED]
Executive Director

[REDACTED]

From: [REDACTED], Stacey [REDACTED]

Sent: Monday, December 4, 2017 9:25 AM

To: [REDACTED] Leah [REDACTED]; Kerry [REDACTED]

Cc: [REDACTED]

Subject: RE: 2018 Homeless Count - parking at Arclight Garage

Good morning Kerry,

I hope you had a great weekend. Would you please provide us with the number of spots you are requesting for the January 2018 event, so that way I can relate the message to our parking operation company?

Thank you,

Stacey [REDACTED]

[REDACTED]

EMERSON PROPERTIES
CORP.

From: [REDACTED], Stacey

Sent: Saturday, December 02, 2017 6:03 PM

To: [REDACTED], Leah [REDACTED]; [REDACTED]

Cc: [REDACTED]

Garage

Good afternoon all,

My apologies on the delayed response. Kerry- it's very nice to meet you via email. I will get with Leah on Monday to discuss the past event details and circle back with you.

Thank you,

Stacey [REDACTED]

[REDACTED]

----- Original message -----

From: [REDACTED] <[REDACTED]>
Date: 12/1/17 3:22 PM (GMT-10:00)
To: Kerry [REDACTED]
Cc: [REDACTED]

Subject: RE: 2018 Homeless Count - parking at Arclight Garage

Good day Kerry-

Yes, I do recall this event from last year.

Stacee So, is the Property Manager for the Dome.

She is due back into the office on Monday and I will speak with her in reference to this event along with, connecting you both to discuss the parking at the Dome Parking Garage

| www.decurion.com

From: Kerry [REDACTED]]
Sent: Friday, December 1, 2017 3:22 PM
To: Kornickey, Leah <[REDACTED]>
Cc: [REDACTED] Darcy <[REDACTED]> > Elder [REDACTED] <[REDACTED]> >; DARRELL [REDACTED]
<[REDACTED]>
Subject: 2018 Homeless Count - parking at Arclight Garage

Hi Leah, the annual homeless count is coming up next month – January 25 at 10 p.m.

Robertson and the Arclight Garage have been very supportive of this event for the past six years – making parking available to homeless count volunteers that night.

I think last year, we asked for about 50 spots – people would be arriving at around 9:45 or so, and should be done between 11:30 and 12:30. Many people park on the street, but this year, with the nearby construction, we will have less street parking.

Let me know if this is still something you could offer this year – as in the past, we would create a special placard for people to put in their car/on dashboard, to alert the staff at the garage.

Many thanks,

Redaction Log

Reason	Page (# of occurrences)	Description
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